RISK MANAGEMENT AUTHORITY
STANDARDS AND GUIDELINES:
RISK MANAGEMENT OF OFFENDERS
SUBJECT TO AN ORDER FOR
LIFELONG RESTRICTION

Version 1  May 2007
RISK MANAGEMENT AUTHORITY
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FOREWORD

The Risk Management Authority Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction have been developed for use in risk management planning for offenders who have received an Order for Lifelong Restriction (OLR); such offenders are deemed to pose a risk of serious violent or sexual offending and require a strategic, multi-agency approach. We hope that the standards and guidelines will also be interesting to practitioners working with other offenders who pose a risk of serious harm.

The Risk Management Authority (RMA) exists to provide a centre of best practice in risk assessment and management, enabling and promoting excellence and regulating the delivery of services to help manage and minimise the risk of serious harm caused by sexual and violent offenders. The RMA was established by section 3(1) of the Criminal Justice (Scotland) Act 2003. Our statutory responsibilities include the provision of policy advice, research and training for risk assessment and risk management. The RMA also has specific duties to prepare and issue standards, guidelines and other guidance in relation to the assessment and minimisation of risk and in relation to the preparation, implementation or review of Risk Management Plans (RMP).

The RMA recognises that risk assessment and management are fundamental to all areas of offender management where there is potential for serious harm. Risk management is an underpinning concept for the National Advisory Body in Offender Management, for MAPPA and the Community Justice Authorities (CJAs) and for the Custodial Sentences and Weapons legislation. At a time of rapid development and debate on offender management in Scotland, we have endeavoured to make the guidelines relevant to the new initiatives and ways of working. We hope that this publication, as with those published last year (RATED, the Risk Assessment Tool Evaluation Directory and the Standards and Guidelines for Risk Assessment) will be relevant not only to those who must have regard to the standards and guidelines in their responsibilities relating to the OLR, but also to other practitioners working in this field.

Formal, systematised risk management of offenders is relatively new and covers a wide range of activities. A key principle in these standards is the requirement to translate risk assessment findings into practice using a structured process of formulation and planning for action. We have drawn on research literature in a number of related areas and conducted a number of workshops with practitioners across Scotland to establish what makes for effective practice. In compiling the guidelines we have been further assisted by advice and comments from practitioners, academics and policy makers working in this field. The RMA has undertaken to develop a variety of training initiatives to complement these Standards and Guidelines.

Roisin Hall
Chief Executive
Risk Management Authority
May 2007
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INTRODUCTION

This document presents standards and guidelines for risk management and sets the form for a Risk Management Plan (RMP). These Risk Management Standards and Guidelines are designed specifically for those required to prepare an RMP for offenders subject to an Order for Lifelong Restriction (OLR). However, the concepts within them may also be developed to have a wider application across offender risk management in Scotland, whether within the criminal justice system or mental health services. The Risk Management Authority (RMA) looks forward to working with its partners in these fields to further define and develop best practice in offender risk management.

The RMA has produced these standards and guidelines in accordance with sections 5 and 6(6) of the Criminal Justice (Scotland) Act 2003 and the form of RMPs in accordance with section 6(5) of that Act.

The RMA will continue to develop further resources in risk management, based on these current standards and guidelines, to provide more detailed and practical assistance for the Health Services, Local Authorities, Police, and Scottish Prison Service in the field of offender risk management.

The RMA aims to be a learning organisation and encourages feedback from relevant persons on the content of these standards and guidelines and related processes. In doing so, the RMA strives for continuous improvement in its own practices and those of the wider risk management field.

The Risk Management Authority

The RMA exists to enable and promote best practice in the effective assessment and management of risk posed by offenders. Risk, in the context of the Order for Lifelong Restriction, is described by the “risk criteria” in section 210E of the Criminal Procedure (Scotland) Act 1995, these criteria are concerned with whether an offender “if at liberty, will seriously endanger the lives, or physical or psychological wellbeing, of members of the public at large.” Any person who has functions in relation to offender risk assessment and management must have regard to all standards and guidelines set by the RMA. This includes the Health Services, Local Authorities, Police, and Scottish Prison Service.

The RMA’s first set of standards and guidelines (published in April 2006) cover risk assessment. These are in place for those undertaking risk assessments for the High Court under a Risk Assessment Order but they also have a wider application across offender risk assessment throughout Scotland. The RMA will continue to work with organisations such as Health Services, Local Authorities Police and Scottish Prison Service to assist in the development of best practice.

The Order for Lifelong Restriction (OLR)

The OLR is a new sentence that has been available to the High Court since June 2006. It provides for the lifelong management of high risk violent and sexual offenders. Such offenders will be subject to an RMA approved Risk Management Plan (RMP) both in custody (or detained in secure care in the case of those managed within the mental health system) and in the community for the rest of their life. The period spent in the community will be an integral part of the sentence given by the Court. Before release (or discharge), offenders will have served an adequate period in prison (or secure hospital) and have satisfied the Parole Board that the risk he or she would pose in the community is acceptable.

2 Section 1 of the Criminal Justice (Scotland) Act 2003 inserts a new section 210F into the Criminal Procedure (Scotland) Act 1995 which creates the Order for Lifelong Restriction.
**Risk Management Plans**

Section 6(1)(a) of the Criminal Justice (Scotland) Act 2003 requires an RMP to be prepared in respect of any offender subject to an OLR. The RMP is to be prepared by the Lead Authority (i.e. Scottish Ministers, Hospital Managers or Local Authorities).

A number of fundamental principles underpin the standards and guidelines for risk management as presented in this document:

- violent and sexual offending inflicts serious harm and members of the public, victims or potential victims deserve to be protected from this behaviour;
- the risk of serious harm cannot be eliminated, and by its very nature risk defies absolute prediction;
- however, it must be managed and can be minimised by the application of robust, appropriate and adequate risk management based on a formulation of the risks posed by the offender; and
- risk management practice is measured against the concept of ‘the defensible decision’.

An action or decision is deemed defensible if an objective group of professionals would consider that:

- all reasonable steps have been taken;
- reliable assessment methods have been used;
- information has been collected and thoroughly evaluated;
- decisions are recorded, communicated and followed through;
- policies and procedures have been followed; and
- practitioners and their managers adopt an investigative approach and are proactive\(^3\).

A recurring theme in risk management practice is the need to balance the safety of potential victims with the human rights of the offender\(^4\). Best practice requires that interventions and sanctions by public authorities are both proportionate to the risk of harm posed and delivered to standards consistent with human rights legislation.

Therefore, it can be helpful for practice to be evaluated against a more qualitative and value-based approach to ‘the defensible decision’. Decisions should be able to be described as being:

- necessary;
- proportionate;
- prescribed by law;
- not arbitrary;
- balanced;
- evidence-based;
- transparent;
- recorded; and
- communicated.

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\(^3\) Kemshall (2003)

\(^4\) Articles 3, 5, 6 and 8 of the European Convention on Human Rights have particular significance in the field of offender risk management
The purpose of this document is to provide a framework that promotes defensible practice in the most serious and complex of cases.

This framework has been developed in the light of two main sources of information:

- the findings of inquiries conducted following the commission of serious further offences; and
- research of the effectiveness of interventions and promising approaches to risk management practice.

On occasions, inquiries conclude that all that could reasonably be done, was done. Not all tragic incidents involve mistakes. On other occasions it is apparent that errors of omission or commission occurred, and inquiry reports highlight often recurring themes. They identify the need for:

- a constant emphasis on public protection despite the complexity of difficult cases;
- sound risk assessment involving appropriate methods used by trained and experienced staff;
- a clear link between such risk assessment and the Risk Management Plan;
- courses of action or intervention identified as necessary, to be delivered as planned;
- consistent and reliable co-ordination of cases;
- clarity about multi-agency and multi-disciplinary roles and responsibilities; and
- effective inter-agency communication and agreed shared tasks.

Where weaknesses in practice are identified, human error is expressed in two primary ways: as a product of failure on the part of individuals; or the system in which the individuals function. When improving practice, it is most helpful to consider both elements. It is necessary to consider the performance of individuals within the organisational context. Criminal justice policy over the last decade has produced considerable procedural and legislative change, and the majority of this development can be traced to the findings of inquiries commissioned in response to tragic events. These developments represent change at the systemic level.

The following guidelines aim to promote the robust delivery of services that depends on sound individual practice within a context of collaboration between the various agencies concerned, and requires that the organisational context of such service delivery is supportive and responsive.

Research has identified that the provision of services that are humane, ethical and clinically relevant and conform to the principles of risk, need and responsivity can reduce rates of re-offending, while punitive approaches have little effect. However, it has also been established that the organisational context in which such services are delivered either promotes or hinders their effectiveness.

The complexity of managing serious violent and sexual offenders necessitates service with a level of sophistication and intensity that is proportionate to the level of risk posed by such offenders and that is delivered by the least restrictive means consistent with public safety.

If we understand risk management strategies as defences to minimise the likelihood or impact of further serious offending, then it stands to reason that the intensity of such defences should match the complex clusters of risk, need and responsivity factors that may breach such defences.
Therefore, the approach taken in these standards and guidelines can be summarised as:

Violent and sexual offending are complex phenomena and so require individualised responses that are dynamic and derived from multi-faceted risk assessment. In turn this requires multi-layered and multi-modal risk management plans delivered through multi-agency and multi-disciplinary collaboration.

It is important to emphasise that risk can be minimised but never eliminated.

There is as yet scant research literature on risk management practice, although there is an increasing body of research speaking to the design and delivery of its component parts. These standards and guidelines seek to draw on existing knowledge of best practice in those component parts. However, it is acknowledged that, as with individual risk management practice, this field is dynamic and developing and this document will also be evaluated and reviewed in the light of further learning.

Furthermore, while this document seeks to promote good practice, it does not replace relevant professional training and sound professional judgement. It should be used within a framework of existing legislative requirements, agency procedures and organisational support. It aims to enhance risk management practice in the understanding that risk can never be eliminated.

In producing these Standards and Guidelines, the RMA has made every reasonable effort to publish reliable information. The RMA cannot, however, assume responsibility for the validity of reported research data, or the consequences of its use.

This document is provided as Version One and will be reviewed in late 2007 in the light of stakeholder consultation and feedback.
PART 1:
STANDARDS FOR RISK MANAGEMENT OF OFFENDERS
SUBJECT TO AN ORDER FOR LIFELONG RESTRICTION
STANDARDS FOR RISK MANAGEMENT

1. COLLABORATIVE WORKING

AMONG PARTNERS

The Lead Authority will use a multi-disciplinary and multi-agency approach in the planning and implementation of the risk management strategies. This will require a Risk Management Team to develop, communicate, implement and review the RMP.

An officer from the Lead Authority will act as the Case Manager. The Case Manager will co-ordinate the implementation of the RMP and also be responsible for communicating and recording information regarding the plan.

A senior manager from the Lead Authority will be the Head of the Risk Management Team.

WITH A VICTIM FOCUS

A commitment to the protection of victims and the community guides risk management practice at all levels and at all stages of the process.

WITH OFFENDERS

All agencies involved in the risk management of the offender will use their best endeavours to engage the offender in the process of risk management at all stages.

The conditions and requirements of the RMP must be clearly explained to the offender at all relevant stages of the plan, in a manner appropriate to the offender’s level of understanding.

The conditions and requirements of the plan must be outlined in a written agreement between the Lead Authority and the offender, with clear documentation of occasions when an offender refuses to participate.

2. RISK ASSESSMENT

The foundation of risk management planning is risk assessment. Risk assessment informs management planning, which in turn informs subsequent assessment and planning in a live and dynamic process that continues throughout the lifetime of the offender.

Risk assessment will demonstrate:

- a thorough review of the information;
- the use of appropriate risk assessment tools for the case in hand; to assist in
- the application of structured professional judgement to help identify relevant and critical risk and protective factors; and to provide a framework for
a formulation of risk that includes the nature, severity, imminence, frequency and likelihood of reoffending; and

an examination of a number of possible future scenarios that risk management plans will seek to avert.

Risk Assessment will clearly document:

- the likely impact of the harm posed by the offender;
- an indication of those to whom the offender poses a risk of serious violent or sexual harm;
- all relevant risk factors;
- active protective factors; and
- early warning signs that an offence is imminent.

Risk assessment will be a continuous process in the implementation and review of the plan.

3. RISK FORMULATION: LINKING RISK ASSESSMENT TO RISK MANAGEMENT

In response to the risk assessment, the Lead Authority will document preventive actions and contingency actions in the RMP. The plan will outline clear lines of accountability and responsibility and timeframes for delivery.

The preventive action section of the RMP will set out risk management strategies to:

- address the identified risk factors; and
- support and enhance protective factors.

The contingency action section will set out planned responses to:

- the appearance of early warning signs;
- the weakening or breakdown of protective factors; and
- the weakening or breakdown of the risk management strategies set out in the preventive action section.

The action plans will be designed to both minimise critical risk factors and maximise protective factors in order to prevent harmful outcomes.

4. RISK MANAGEMENT STRATEGIES

The RMP must map multi-layered risk management strategies to each identified risk factor and to each active protective factor.

This will mean that multiple strategies, delivered by multiple means, are applied to address each identified risk and protective factor.
The RMP must set out the arrangements for the supervision and monitoring of the offender, must detail the treatments or interventions to be carried out and must address victim safety planning.

Risk management strategies will represent the principles of effective practice and each strategy should be:
- sufficient to manage the risk posed;
- appropriate to the offender and the offender’s situation;
- relevant to the risk factor(s);
- evidence-based; and
- the least restrictive necessary.

5. ACCOMMODATION

The Lead Authority will ensure that appropriate accommodation is identified for offenders in both secure and community settings.

Identified accommodation must be subject to an evaluation of the:
- risks posed by the offender; and
- risks posed to the offender.

Suitable housing, which should not include temporary accommodation, will be identified at least six weeks prior to the release or discharge of an offender into the community.

6. RESPONDING TO CHANGE

To ensure the continuing suitability of the plan and the ability to respond timeously and effectively to any material change in the risk that the offender presents, the Lead Authority will engage in ongoing assessment and evaluation of the risk management strategies implemented and a review the offender’s progress.

Revisions of the strategies must be recorded in the RMP and communicated to the appropriate parties in a timely manner.

Any material change in such risk requires that a revised RMP be timeously developed and submitted to the RMA.

Where a perceived change in such risk suggests a decrease in the level of restriction of an offender, a further risk assessment must be carried out by a suitable person who has not been previously involved in the assessment, supervision of the offender nor should he or she have been involved in carrying out interventions or treatments with the offender. No such decrease shall be implemented without the written approval of the person carrying out such further assessment.
7. ORGANISATIONAL SUPPORT

The Lead Authority, in collaboration with partner agencies, will use its best endeavours to ensure that representatives of each agency involved have the necessary resources in terms of structures, support, training and guidance to design, implement and deliver RMPs in accordance with these Standards and Guidelines.
PART 1:
GUIDELINES FOR RISK MANAGEMENT OF OFFENDERS SUBJECT TO AN ORDER FOR LIFELONG RESTRICTION
GUIDELINES:
COLLABORATIVE WORKING
GUIDELINES FOR RISK MANAGEMENT

1. COLLABORATIVE WORKING

The Lead Authority and partner agencies will use their best endeavours to ensure that their representatives are equipped and resourced to meet the following standard, with due regard to the following guidelines.

COLLABORATIVE WORKING

AMONG PARTNERS

The Lead Authority will use a multi-disciplinary and multi-agency approach in the planning and implementation of the risk management strategies. This will require a risk management team to develop, communicate, implement and review the RMP.

An officer from the Lead Authority will act as the Case Manager. The Case Manager will co-ordinate the implementation of the RMP and will also be responsible for communicating and recording information regarding the plan.

A senior manager from the Lead Authority will be the Head of the risk management team.

WITH A VICTIM FOCUS

A commitment to the protection of victims and the community guides risk management practice at all levels and at all stages of the process.

WITH OFFENDERS

All agencies involved in the risk management of the offender will use their best endeavours to engage the offender in the process of risk management at all stages.

The conditions and requirements of the RMP must be clearly explained to the offender at all relevant stages of the plan, in a manner appropriate to the offender’s level of understanding.

The conditions and requirements of the plan must be outlined in a written agreement between the Lead Authority and the offender.
PRINCIPLES & RATIONALE

Violent and sexual offenders are never the concern of one agency alone. Each agency and professional group has a different and valuable role to play in the collaborative management of the offender.

In the case of offenders who are subject to an OLR, multi-disciplinary and multi-agency working is a key component of holistic, robust and defensible risk management.

The key components of collaborative working are:

- shared vision;
- clear definition of roles and boundaries;
- communication and cooperation based on mutual respect;
- effective information exchange;
- full participation and accountability by all parties involved in the process;
- defined decision making; and
- co-ordination.

When all agencies involved share the common goal of public protection, a cornerstone of effective collaborative working is laid. This goal must be explicit and authentic. A sound focus on the prevention of further victimisation unites participants despite their varied roles and responsibilities. Recent developments in collaborative practice, nationally and internationally, are sound testimony to this and are eroding the historical trends of adversarial attitudes that have undermined multi-disciplinary and multi-agency working in the past.

It is essential that responsibilities, expectations and interactions are made explicit so that everyone involved in managing the offender can understand them. Each agency or member of the team should have a defined and discrete role in the overall management of the offender. Mutual respect for and value of each other’s roles fosters the openness, trust and co-operation that facilitate effective communication.

Effective communication and responsible information sharing are fundamental to collaborative working. Inquiries into tragic incidents in the past have, almost without exception, cited poor communication as a contributory factor. Communication and information sharing are facilitated by the use of clear, unambiguous language that is common to all parties. Technical language, where it is necessary, should be explained.

The required level of communication and information sharing necessitates collaboration, which in turn is promoted by each party being aware of the value of their own and others’ respective contribution. At the same time, effective management of the case requires that decision making is located soundly within clear lines of accountability and that the overall management of the case is co-ordinated.

Sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005 (“2005 Act”) provide for joint arrangements to be established whereby Local Authorities, the Scottish Prison Service, Police and the Health Services work together in the risk assessment and management of violent and sexual offenders who pose a high risk to the public.
Section 7 of the Criminal Justice (Scotland) Act 2003 ("2003 Act") provides that the Lead Authority should prepare the RMP. Section 8(2) and (3) make the statutory provision for the Lead Authority to consult and give functions, to be detailed in the Plan, to any person who may be expected to assist in the management of risk and for such a person to provide the required assistance.

Section 9 of the 2003 Act states that the Lead Authority and any other persons having functions under the RMP are to implement the plan in accordance with their respective functions.

**PRACTICE**

**MULTI-AGENCY, MULTI-DISCIPLINARY WORKING**

*Multi-agency* work involves personnel from the prison service, the police service, criminal justice social work, health services including forensic services, voluntary organisations, and housing organisations working together in the offender’s risk management. This is essential to ensure that the full range of required services is available.

*Multi-disciplinary* work involves personnel from differing disciplines and professional backgrounds working together to design and implement an RMP. Multi-disciplinary working ensures that the management of the offender is planned and delivered in line with the best current thinking from multiple fields of study and practice.

**INFORMATION SHARING**

All agencies involved in the risk management of the offender must receive information from the Lead Authority on risk factors, early warning signs and protective factors (See Standards for Risk Management 2: Risk Assessment and 3: Risk Formulation Linking Risk Assessment To Risk Management and Part 2 Risk Management Plan form).

Further, the Lead Authority should communicate any health and safety precautions (See Part 2 Risk Management Plan form) that they have taken with regard to their own employees, in order to inform service providers regarding their own working arrangements concerning the offender.

Agencies involved in the management of the offender have a reciprocal duty to pass information on the same points back to the Lead Authority, as well as their own concerns and progress reports.

This information will be documented in the progress reports, the mode, frequency and content of which will have been agreed beforehand and set out in the RMP, as well as through updates communicated via email, face-to-face and telephone conversations.

To further facilitate communication between those involved in the management of the offender, the contact details (including: name, designation, phone number, email address, etc.) of all relevant persons should be recorded in the space provided as an appendix to the RMP. *This section should not be made available to the offender.*

Those involved in the risk management of offenders must have due regard to the relevant legislative and ethical requirements regarding information sharing, with each agency and individual responsible for ensuring his or her own compliance with the relevant legal requirements and professional expectations. Remaining aware of the various procedures and requirements associated with data protection and freedom of information, practitioners should exercise due caution in recording information.
The national concordat, signed by the agencies involved in the management of sex offenders including statutory and non-statutory organisations, requires the development of detailed information sharing protocols. These data sharing protocols allow each agency to make provision for the relevant information to be shared appropriately to enable all agencies involved in the risk assessment and management of offenders to do so effectively, whilst addressing the legal requirements stipulated by the Data Protection Act 1998 and other relevant legislation. Similar provisions will be enabled through the 2005 Act in relation to violent offenders. We note that these changes are not yet in force.

How information is processed, retained and disseminated is clearly defined both in the relevant legislation and protocols and is essential to the effective risk assessment and risk management of sexual and violent offenders.

What information should be shared, when and to whom must be decided on a case by case basis and must be evidenced clearly within the RMP including, where disclosure is deemed necessary to an outside party, what they can be reasonably expected to do with the information provided.

Current legislation and best practice on information sharing is applicable to all parties, including the offender. This should be borne in mind by practitioners when they are recording any information that directly or indirectly refers to the risk assessment and management of offenders.

**PROCEDURES**

**THE LEAD AUTHORITY**

Section 7 of the 2003 Act identifies the Lead Authority as having responsibility for preparing the RMP. The Lead Authority is:

- Scottish Ministers whilst the offender is in custody;
- managers of Hospitals and secure care settings (whilst the offender resides at such a place); and
- the Local Authority in whose area the offender resides whilst the offender resides in the community.

**THE CASE MANAGER**

An officer from the Lead Authority will act as the Case Manager and a senior manager will be appointed as Head of the risk management team. The Case Manager has a pivotal role in the risk management of offenders who are subject to OLR. Lead Authorities should give close consideration to the level of authority and competencies that the person charged with this role must have in order to undertake the role successfully. They should:

- have excellent communication and organisational skills;
- be experienced in managing violent and sexual offenders;
- have sound knowledge, skills and training in offender risk assessment; and
- be empowered to make decisions regarding the case in the context of the RMP and be accountable to the risk management team.

Required actions for the Case Manager have been highlighted throughout this document.
The Head of the risk management team provides the strategic overview for the Lead Authority in managing offenders who are subject to OLRs. They will:

- chair risk management team meetings;
- be responsible for ensuring that a minute is taken of the risk management team meetings and recorded in the file;
- be responsible for ensuring the risk management team carries out the tasks as decided in meetings, set out in the plan and in line with their role (as above) in an appropriate manner;
- ensure that the plan is updated in line with any changes which occur throughout the duration of the plan;
- ensure that arrangements are in place to ensure there is no interruption in the service provision and risk management of the offender in the absence of key parties (professionals) involved in the risk management of the offender; and
- appoint a deputy Case Manager to cover for the planned or unplanned absence of the Case Manager.

THE RISK MANAGEMENT TEAM

The Lead Authority will invite relevant agencies to appoint a representative from their agency to become part of the risk management team in addition to relevant members of their own staff. This team will be formed around the specific risk and needs of the subject of the OLR.

The risk management team is a multi-disciplinary group of professionals representing a range of agencies involved in the management of the offender, whose role is to:

- undertake a risk assessment;
- identify and deliver risk management strategies;
- develop the RMP and communicate it back to the agencies involved;
- submit the RMP to the RMA;
- oversee the implementation and evaluation of the approved plan;
- maintain up to date documentation (including the RMP) ensuring that all relevant information is shared and recorded;
evaluate in an ongoing manner the risk management strategies put in place for the offender; and

continuously adapt risk management strategies in line with evaluations, new information, records of concern, progress reports, etc.

The members who constitute the risk management team will reflect the specific risks and needs of the offender, including the current location of the offender. According to the circumstances, members might come from a range of agencies and professional backgrounds, for example:

- Managers (Prison and Hospital);
- Police;
- Criminal Justice Social Work Throughcare & Local Team;
- Psychologists;
- Mental Health Professionals (both community and custodial or secure care environments);
- Health Services;
- Addiction Services;
- Care Workers;
- Social Work – Child Protection Workers;
- Housing Personnel;
- Prison or Hospital based Social Workers;
- Religious and Community leaders;
- Prison Hall Staff;
- Hospital or Secure Care Ward Staff; and
- Security Personnel (Prison and Hospital).

In addition, the author of the Risk Assessment Report (prepared for the High Court prior to the offender having been sentenced to the OLR) should be invited to attend the initial meeting of the Team.

The risk management team will meet regularly and as needed to respond to changes in the risk of the offender.

While in custody or secure environment minimum national standards will apply where no other requirement (throughcare guidelines, national standards or licence requirements) provides for more frequent meetings. OLR offenders may warrant a risk management team meeting at least monthly during the first year of supervision in a new non-secure setting, for example on case transfer, release or discharge.

The risk management team should establish a standing agenda for meetings. The standing agenda should include the following items:

- progress (offender’s progress according to measures of change section in plan form);
- feedback from monitoring activities – what information has been collected on the identified behaviours to be monitored, since the last meeting;
- any records of concern raised;
- any new information; and
review of the case management (i.e. checking that all services are being delivered as set out in the plan, etc.).

The standing agenda may include other relevant items as set out by the risk management team.

The Head of the risk management team will chair the risk management team meetings.

A minute must be taken of all risk management team meetings and those minutes must be held on record to become part of the RMP documentation. It is vital that those minutes are a full and accurate recording of the discussion and clearly document decisions and action points.

**Risk Management Team Meetings**

The risk management team should meet at any time required for the following purposes:

- pre-release or discharge meetings (see case transfer in Responding to Change section);
- immediate post transfer, release or discharge;
- reviews (for which a standing agenda should be established);
- as needed meetings (in response to fluctuation in risks, changed circumstances, etc.);
- review meetings (see case review in Responding to Change Section); and
- annual meeting – to facilitate the submissions to the RMA re a review of the implementation of the previous year’s plan and also the development and submission (to the RMA) of the current year’s plan (see Part 3 of this document).

**The Case Manager will:**

- facilitate risk management team meetings; and
- be the central point of contact for all those involved.

**PLAN**

Evidence the attention to the above principles, practice and procedure in the appropriate sections of the Risk Management Plan.

Check if:

- all relevant partners have been recruited and established as a risk management team;
- a Case Manager has been appointed;
- a senior manager has been identified as Head of the risk management team;
- a deputy Case Manager has been appointed;
- all contact details have been recorded;
- written agreements have been signed and incorporated in the RMP; and
- initial risk management meetings have been set.
2. RISK ASSESSMENT

The Lead Authority and partner agencies will use their best endeavours to ensure that their representatives are equipped and resourced to meet the following standard, with due regard to the following guidelines.

The foundation of risk management planning is risk assessment. Risk assessment informs management planning, which in turn informs subsequent assessment and planning in a live and dynamic process that continues throughout the lifetime of the offender.

Risk assessment will demonstrate:

- a thorough review of the information;
- the use of appropriate risk assessment tools for the case in hand to assist in;
- the application of structured professional judgement to help identify relevant and critical risk and protective factors; and to provide a framework for;
- a formulation of risk that includes the nature, severity, imminence, frequency and likelihood of reoffending; and
- an examination of a number of possible future scenarios that risk management plans will seek to avert.

Risk assessment will clearly document:

- the likely impact of the harm posed by the offender;
- an indication of those to whom the offender poses a risk of serious violent or sexual harm;
- all relevant risk factors;
- active protective factors; and
- early warning signs that an offence is imminent.

Risk assessment will be a continuous process in the implementation and review of the plan.
PRINCIPLES & RATIONALE

Risk assessment provides the basis for effective and defensible risk management. Risk management requires considered and coordinated planning, decision making and actions to be informed by a thorough and rigorous risk assessment. The risk assessment process allows the intensity of intervention to be matched with the nature of the risks posed by the offender, as well as the estimated level of risk and so guides the development of the risk management plan.

The legitimacy and justification of a RMP rely on the soundness of the risk assessment process. Risk management strategies are designed to minimise the occurrence or impact of serious offending, and so protect the public. However, they also necessarily restrict the liberty of the subject. Therefore a sound evidence base is needed to establish that the measures are adequate and proportionate.

The dynamic nature of risk establishes a need for the RMP, and the strategies within that plan, to be reviewed and refined over time in response to ongoing risk assessment.

Therefore, risk assessment will be a continuous process in the implementation and review of the plan, responding to changes in circumstances as they occur or are anticipated.

Risk assessment in any field is an inexact science, with the nature of the risk defying precise estimation. The subject matter of the risk assessment in the context of the OLR sentence is serious violent and sexual offending, a complex and multi-faceted issue. Therefore an intensive level of risk assessment is required, normally involving a range of professionals, various sources of information regarding all domains of the offender’s life, and multiple methods of analysing and evaluating that information. It is essential that those conducting such risk assessment are trained in relevant tools and methods.

DEFINITIONS

Serious Harm

Risk assessment in this context is examining the capacity of an individual to inflict serious harm. That is, there is a risk of harmful behaviour which is life threatening and/or traumatic and from which the victim’s recovery, whether physical or psychological, can be expected to be difficult or impossible\(^5\).

Risk

The risk in this context is understood as a combination of the nature, frequency, severity, imminence and likelihood of an offence\(^6\).

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\(^5\) Kemshall (1997) and Offender Assessment System (OASys) (2000)

PRACTICE

Risk assessment involves the following components

- a thorough review of the information;
- the use of suitable, RMA-approved risk assessment tools; to assist in
- the application of structured professional judgement to help identify relevant and critical risk and protective factors; and to provide a framework for

- a formulation of risk that includes the nature, severity, imminence, frequency; and
  - likelihood of reoffending; and
  - an examination of a number of possible future scenarios that risk management plans will seek to avert.

- and will clearly document:
  - the likely impact of this harm;
  - an indication of to whom the offender poses a risk of serious violent or sexual harm;
  - relevant risk factors;
  - active protective factors; and
  - early warning signs that an offence is imminent.

1. THE REVIEW OF INFORMATION

The team, in preparing the risk assessment must review a range of relevant information concerning the offender’s social, criminal and medical context including:

- information regarding past and current allegations and convictions;
- other police information or information held on ViSOR;
- prison records and reports (incident reports, observations, disciplinary or security information);
- social work records;
- psychological, social enquiry reports (other reports prepared for court);
- psychiatric records;
- other relevant medical and hospital records (nursing or case notes, incident reports, observations, etc.);
- education or employment reports (where relevant);
- evaluations of intervention or treatment programme involvement, etc.; and
- interviews with family members.

The aim of this process is to ensure that a wide range of information is collected, drawn from a range of sources and reviewing many areas of the offender’s life. However, rather than simply accumulating information, that information must be evaluated as to its soundness and relevance. Agencies should have their own techniques to evaluate the provenance and reliability of information. Equal weight cannot be placed on all sources or types.
of information and consideration should be given to the reliability of the source. Apparent contradictions in information do not necessarily imply that information is faulty. Different sources with different relationships from different contexts may provide valuable insights.

In this activity, the role of the multi-agency team is central to promote the fullest and best accumulation of information.

A major source of information, particularly for those compiling the initial or early RMPs, will be the Risk Assessment Report (RAR).

**USE OF THE RISK ASSESSMENT REPORT**

Those responsible (usually SPS or the State Hospital) for preparing the first RMP for an offender subject to an OLR will have access to the RAR prepared for the Court in consideration of whether to impose the OLR sentence.

The RAR will be:

- relatively recent as it will have been prepared in the last year;
- prepared by an RMA Accredited Risk Assessor; and
- prepared in accordance with RMA standards and guidelines.

However, it should be noted that this RAR was prepared specifically for sentencing purposes and would not, on its own, have sufficient detail concerning risk management to inform planning once an OLR is made. It is anticipated that the original RAR would require development and revision to be suitable for use in this context, but will serve as a valuable source of information.

The author of the RAR should be consulted in the preparation of the first RMP.

**2. OFFENDER CONTACT**

The information gathering process should involve contact with the offender. Such contact may prove useful in engaging the offender early in his or her risk management and is an essential source of information that provides balance to the assessment.

In addition to interview material gathered for purposes of an assessment tool, the offender may contribute an additional source of information in the form of self-assessment. Self-assessment allows the offender to express opinions, concerns and perceptions of his or her life, behaviour and readiness to change. Involving the offender at this stage can be useful for practitioners in designing responsive and relevant plans but also in emphasising the offender’s role and responsibility in the management of the risk that he or she poses to others.

The validity, authenticity and usefulness of the self-assessment may vary depending on the personality, motivations, education and self-awareness of the offender.

Those involved in the overall risk assessment must carefully balance this kind of information with that from other sources.
3. STRUCTURED PROFESSIONAL JUDGEMENT

As defined by the RMA, this approach involves the use of validated, empirically grounded, risk assessment tools or guidelines to structure information in an evidence based systematic way to assess, formulate and manage risk. This approach is based on professional experience, training, decision making and knowledge.

The gathering of information from all the above sources allows the assessor to progress to the task of analysis of past and current offending.

This process includes an analysis of how and why the offender has committed the offence(s) and will draw on all relevant details available about past offending, including details of previous convictions, warnings, charges and intelligence about offending or other behaviour associated with the offender’s risk.

This analysis should address the following areas:

- the extent to which the offender has already caused serious harm and the frequency and escalation of harm over time;
- diversity of offending;
- patterns of behaviour particular to this offender;
- motivation, benefit or cause of offending;
- trigger factors or antecedents to offending;
- idiosyncratic or aggravating factors such as bizarre or ritualistic elements or use of weapons;
- past response to monitoring, supervision, interventions or treatment and personal change programmes;
- insight into his or her offending and his or her understanding of the harm he or she has already caused or may cause;
- his or her attitude to his victims or victim groups; and
- his or her attitude to monitoring, supervision, intervention or treatment and other personal change programmes.

Assessors should analyse relevant details about the victims of the offender:

- demographic information such as age, gender and race;
- particular characteristics or circumstances of victims;
- the relationship to the victim (family member, person in authority, member of care team, stranger); and
- diversity of victims and what this is driven by, for example, opportunity, indiscrimination, choice.

4. SUITABLE RISK ASSESSMENT TOOLS

Risk assessment tools are intended to guide, support and assist practitioners in robust risk assessment and should be used accordingly. A range of RMA evaluated tools can be found in RATED\(^2\). It should be noted that an actuarial tool based solely on static risk factors should never be relied upon in itself for decisions about an individual’s risk.

A ‘suitable’ risk assessment tool is one that is:

- relevant to the offence type, for example violent or sexual offending;
- appropriate for this offender, for example in relation to age and gender; and
- evaluated as such by the RMA.

Risk assessment tools must be used in line with the user qualifications and other requirements as set out by the authors or publishers.

5. RISK FORMULATION

The preceding steps (1-4) lead to the production of a risk formulation – a working model or explanation of an individual’s risk in key areas (e.g. sexual violence, domestic violence) based on what are believed to be the most relevant risk and protective factors for the behaviours to be prevented in the future. It also importantly considers the interaction of those risk and protective factors to explain the risk of an individual.

RELEVANT RISK FACTORS

Identified risk factors are aspects of the offender’s personal, inter-personal and environmental context that cause, contribute or increase the likelihood of the person re-offending. These factors will form the focus of risk, management strategies.

Agencies should add to or amend identified risk factors and early warning signs over time as more information becomes available.

PROTECTIVE FACTORS

Protective factors are aspects of an individual’s personal, inter-personal and environmental context that diminish or inhibit the occurrence of further offending. To be considered as contributing to the minimisation of risk, protective factors require to be present and active. They may be evident as present but not active, for example a family member who supports pro-social behaviour but who is currently out of contact. The absence of a risk factor is not necessarily in itself a protective factor, for example, the absence of an anti-social peer group is the absence of a risk factor, whereas the presence of an actively pro-social peer group may be a protective factor.

TO WHOM DOES THE OFFENDER POSE A RISK?

Features to consider include:

- the offender’s motivation to commit serious sexual or violent offences;
- the offender’s perceived or expressed negative attitudes towards certain groups;
- diversity in choice of past victim(s) in terms of age, gender, etc.;
- whether past victim(s) were specifically selected (groomed, primed, targeted) or whether they were chosen randomly;
- whether past victim(s) were familiar or unknown to the offender;
- whether past victim(s) were physically or mentally vulnerable; and
- recent or past threats made by the offender against specific persons.
EARLY WARNING SIGNS

Early warning signs are those noticeable behaviours, events and other indicators that might provide the risk management team and others who come into contact with the offender (the family, agencies etc) with an indication that the person is entering into a period of critical risk. These signs, which warn those involved in the management of the offender that offending might be imminent, can be utilised as an opportunity to intervene in an effort to prevent the deterioration or take other action to protect victims.

Early warning signs may take the form of ‘pro-offending’ behaviours; those behaviours that have been identified to precede, support and lead to offending.

Where protective factors have been identified as being active and relevant in the management of risk, close regard must also be given to any breakdown or weakening of those factors.

The following list of examples may, or may not, be present in a given offender and the list is not exhaustive. The identification of early warning signs for a particular offender should be guided by the risk assessment and the research which offers general early warning factors which appear to be prevalent in a particular set of offenders.

Possible Early Warning Signs of Increased Risk

Examples include:

- any behaviours or statements that indicate an increase in interest or preoccupation with violence or with attitudes that support or condone violence;
- significant or sudden changes in appearance, behaviour or demeanour;
- aggression (including threats of violence) after a period of calm;
- distress or grief;
- signs of increased alcohol use or abuse;
- signs of increased drug use or abuse;
- disengagement from services (including non-attendance, insufficient participation, discontinuation of medication, failure to disclose relevant information);
- non-compliance with conditions of release or discharge or general conduct rules;
- homelessness or change of address;
- breakdown or turmoil in relationships with significant others (including illness or death);
- new and inappropriate associations (with offenders, potential victims, etc.);
- social withdrawal following a pattern of sociable engagement or participation;
- evidence of intolerance or a diminished threshold for frustration and distress; and
- other actions related to the offending cycle (acquiring car, new relationship with mother of young children, etc.).
6. Scenario Planning

To this point the assessment process has focussed on past, recent and current events and behaviours. However, the concern of all involved is the possibility of future harmful behaviour.

Scenario planning is a technique that is used in a variety of settings to assist planning and preparation for future events. It is becoming increasingly popular in the field of business management as an aid to strategic planning.

The consideration of possible future scenarios allows for proactive planning towards the desired outcome, and contingency planning if the undesirable outcome becomes imminent.

Applied to the field of offender risk management, this technique assists the practitioner to consider the offender’s risk in plausible, yet speculative, environmental and situational contexts, and across various time spans. These scenarios are generated from what you know about his or her past behaviour and how you understand that behaviour might evolve or change in response to different environmental conditions. It enables detailed consideration of the nature of different harmful behaviours, their severity, the possible victims, the duration of the behaviour and the likelihood in each scenario. It is important to establish that this is not a prediction of future events, rather a method of planning to promote a positive outcome and attempt to minimise a negative one.

It can be used to enhance and extend the risk assessment to identify early warning signs and occurrences that require contingency action and may also identify further risk factors and protective factors. It is central to the development of risk management strategies and the prioritisation and scheduling of those strategies. For this reason this technique will be referred to at several points in this document.

Some risk assessment tools include scenario planning, and the following is adapted from those.

- Consider in detail the various kinds of violent and sexual acts the person might commit:
  - use past offending to make scenarios assuming the offender repeats this behaviour (consider the range of violent and sexual offences);
  - use the past offending with one or more elements of change – such as victim, location, etc.; and
  - escalation – worst case scenario (or less severe but still serious).

- Next, consider:
  - who is likely to be a victim;
  - where and when it is most likely to occur;
  - what are the events which occur in the lead up to the crime;
  - what the likely physical and psychological harm caused will be; and
  - what is the worst physical and psychological harm caused.

- Create a credible story around these ideas – If…When… Then…

- Consider the scenarios and reject those that are not plausible or are sufficiently similar to another scenario.

- Detail plausible scenarios to extract causes, risk factors, early warning signs, etc.

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8 HCR-20 and RSVP manuals
9 The Risk Management Authority (2007). Adapted from materials © 2006-2007 by S. D. Hart and P. R. Kropp, with permission from the authors.
7. LINK TO PLANNING

By keeping scenario planning and the risk formulation in mind, both the formulation and understanding of how the offender’s risk may escalate or decrease will develop. Thinking about the formulation helps you to decide which risk factors are the most relevant for each of the outcomes to be prevented. This will directly link to risk management strategies (interventions, supervision, etc.) for each scenario.

PROCEDURE

TIMING AND CONTEXT

The following procedures will be influenced by the context and point in time that an assessment is taking place. The first assessment informing an RMP will take place in a secure setting. Continuous assessment will be required to update the plan. The assessment for the pre-release or pre-discharge RMP should also be conducted within the secure environment to ensure that identified risk management strategies are ready to be implemented on release or discharge.

1. PREPARATION OF THE RISK ASSESSMENT

Case Manager will:

begin the process of gathering information as outlined above and will present this information to an early meeting of the risk management team. This meeting will serve as an opportunity for information to be verified and evaluated.

2. COMPLETING THE RMP RISK ASSESSMENT SECTION

STATEMENT OF RISK

On completion of the risk assessment, enter the summary of key points from the file review, key points from the analysis of offending and a risk formulation for the offender in the Summary of Risk Assessment of the Risk Management Plan.

IDENTIFICATION OF RISK FACTORS

On completion of the risk assessment, enter identified risk factors on a Part A RMP – RISK FACTORS page.

IDENTIFICATION OF PROTECTIVE FACTORS

On completion of the risk assessment, enter identified protective factors on a Part A RMP – PROTECTIVE FACTORS page.

IDENTIFICATION OF EARLY WARNING SIGNS

On completion of the risk assessment, ‘enter early warning signs and behaviours to monitor’ on each RISK FACTORS and PROTECTIVE FACTORS page.

The Case Manager will:

Co-ordinate the preparation and implementation of the RMP.
3. COMMUNICATION OF RISK ASSESSMENT

A further risk management team meeting should be convened to communicate the outcomes and implications for action of the risk assessment and to discuss the proposed preventive strategies and contingency actions.

The Case Manager will:

- establish arrangements to ensure that information regarding the plan is effectively communicated between the Lead Authority and other agencies; and
- ensure that information concerning the RMP is effectively recorded (including any obstacles to the delivery of the plan).

4. REVIEW OF THE RISK ASSESSMENT

The timing of formal reviews of the risk assessment will vary according to context – custody, secure setting or community, and the assessed level of risk.

A formal review of the risk assessment will be undertaken at least annually to facilitate the design of the annual RMP.

While the offender remains in a secure environment, formal reviews may not be required more than annually.

When managed in the community consideration must be given to the level of risk assessed. However, the minimum will be the standard set for MAPPA level 3 offenders.

In addition to this, a review of the risk assessment will be undertaken at any point when it is considered to be required due to a significant change (current or forthcoming) in the offender’s circumstances, for example transfer between one setting and another – such as prison or hospital to community.

Where significant changes are made to the RMP the amended plan must be submitted to the RMA in line with the approval process. Minor changes and updates to the plan made during the year can be incorporated into the plan and an amended version forwarded to the RMA at the annual review stage.

Ongoing risk assessment and continuous case review should ensure that the RMP is an organic and flexible document which incorporates changed circumstances, fluctuations in risk, new information, progress and evaluations stemming from the implementation of the risk management strategies. Such changes should be recorded expediently throughout the appropriate sections of the RMP (and associated records and documentation). The information and associated actions should be communicated to the appropriate persons and agencies in a timely manner.
**PLAN**

Evidence the attention to the above principles, practice and procedure in the appropriate sections of the RMP.

Check if

- a risk assessment is now incorporated in the RMP;
- all relevant information has been gathered and evaluated by the risk management team;
- this risk assessment was conducted using a structured professional approach;
- there is a clear formulation of risk;
- the summary of risk has been completed. Including:
  - a summary of file review;
  - key points from the analysis of offending; and
  - a risk formulation.

- the initial sections of the RMP have been completed. Including:
  - identified risk factors;
  - identified protective factors;
  - whether the risk and protective factors are relevant or critical; and
  - early warning signs and behaviours to monitor.

- the risk management team has met to discuss the finalised risk assessment; and
- dates have been set for formal reviews of the risk assessment.
GUIDELINES:
RISK FORMULATION: LINKING RISK ASSESSMENT TO RISK MANAGEMENT
3. RISK FORMULATION: LINKING RISK ASSESSMENT TO RISK MANAGEMENT

The Lead Authority and partner agencies will use their best endeavours to ensure that their representatives are equipped and resourced to meet the following standard, with due regard to the following guidelines.

In response to the risk assessment, the Lead Authority will document preventive actions and contingency actions in the RMP. The plan will outline clear lines of accountability and responsibility and timeframes for delivery.

The preventive action section of the RMP will set out risk management strategies to:

- address the identified risk factors;
- support and enhance protective factors.

The contingency action section will set out planned responses to:

- the appearance of early warning signs;
- the weakening or breakdown of protective factors; and
- the weakening or breakdown of the risk management strategies set out in the preventive action section.

The action plans will be designed to both minimise critical risk factors and maximise protective factors in order to prevent harmful outcomes.
PRINCIPLES & RATIONALE

Formulation and planning are the link between risk assessment and delivery of risk management strategies.

The evidence for the level and focus of interventions identified at the risk assessment stage is translated into a plan at the planning stage. In addition agreements, decisions and actions identified by individuals and their agencies are clearly communicated and co-ordinated.

Two key issues in this process are proportionality and co-ordination.

Proportionality is a fundamental principle that ought to underpin the planning process. The degree of intervention, whether in the form of supervision, interventions, monitoring or victim safety planning, should be proportionate to the degree of risk posed. This principle is central to the concept of the defensible decision and has ethical and practical dimensions. It is unethical to impose a degree of intervention that exceeds the amount required to address the assessed risk, and equally it is unacceptable in terms of public safety to fall short of the indicated level. Furthermore, the ‘risk principle’ of case classification states that more effective outcomes will be achieved when the level of risk and intervention are well matched.

The presumption within these standards and guidelines is that the risk posed by serious violent and sexual offenders requires a density of risk management strategies to address the risk factors.

The co-ordination of the case then requires that clear, agreed and communicated lines of accountability and responsibility and timeframes for delivery are established.

The Case Manager will:

- co-ordinate the preparation and implementation of the RMP.

Co-ordination is frequently identified as the missing link in inquiries. The demands of this task cannot be under-estimated. The bulk of responsibility for co-ordination will fall to the Case Manager and therefore contingency planning also needs to be in place to prepare for and anticipate the absence of the Case Manager.
The practice of risk formulation and scenario planning commenced in the risk assessment now acquire a further function, moving from advising of risk to planning those strategies that will manage the risk posed in the current environment:

If… when… then becomes if… when… then… therefore

This process begins with a close review of the risk assessment and in particular the risk formulation – the risk assessment will indicate present risk factors, and the risk formulation will refine this to indicate the relevance of and interaction between each risk factor in the possible commission of further serious offences. This process will also identify protective factors. Scenario planning will identify those circumstances in which serious offending is likely to occur and those factors that trigger such offending and those which are early warning signs of imminent offending.

The goal of this stage is to prepare two aspects of the RMP:

- the preventive strategies; and
- the contingency measures.

The preventive strategies include those that work on developing the individual’s internal controls and those that maintain an appropriate level of external control.

The contingency measures recognise the triggers, early warning signs and weaknesses in preventive strategies and protective factors that may indicate escalating risk, and provides agreed courses of action in such eventualities.

The preparation of both aspects of the plan begins the process of multi-layering. Risk management strategies will generally be derived from the main risk management activities of supervision, monitoring, interventions and victim safety planning.
Figure 1 demonstrates how the preventative action plan and contingency action plan are informed by the risk assessment. It refers to different types of risk and protective factors, each of which indicate different strategies.
**RISK FACTORS**

Identified risk factors are aspects of the offender’s personal, inter-personal and environmental context that cause, contribute or increase the likelihood of the person re-offending. There are three distinct types of risk factors which will form the focus of risk management strategies: static risk factors, stable dynamic risk factors, and acute dynamic risk factors.

**Static risk factors** are those elements of an individual’s past behaviour and its consequences that are historical and factual. In this context then, we are considering those individuals who have an established pattern of behaviour that has in the past resulted in serious harm to others.

**Stable dynamic risk factors** refer to those areas of an individual’s circumstances that are enduring over a period of time and contribute to the risk of further offending, over months or years, but are amenable to change and, if changed, may be expected to reduce the likelihood or seriousness of further offending. For example, a pattern of excessive alcohol use over the past year would be a stable dynamic risk factor.

**Acute dynamic risk factors** are those elements that change quickly, perhaps over days or hours, and whose emergence indicates a period of critical risk in which serious offending is more likely than not to occur. Examples include an increase in level of substance misuse, heightened emotional distress or environmental changes that increase the potential for offending. So while alcohol use may be a stable dynamic risk factor, intoxication may be an acute dynamic risk factor.

**PROTECTIVE FACTORS**

The functions of supervision, monitoring and victim safety planning will also need to be applied to protective factors. An example is capitalising on the availability of pro-social family members. For example, home visits can enable community supervisors to engage family members in the supervision process, where appropriate. Family members are likely to have a valuable perspective on the person under supervision, and they may also assist in the monitoring function. The availability of family members who are committed to the objective of reducing the likelihood or impact of further offending can contribute to the provision of denser monitoring and support, while reducing the need for more restrictive options. However, the demands this places on the family must not be underestimated and family members contributing in this way will need varying degrees of support and, indeed, their effectiveness as protective factors will require continual monitoring and review.

Other protective factors might include employment, stable housing or physical incapacitation. However they are specific to the individual and should be assessed as having an identifiable impact on the management of risk before being defined as protective factors.

Awareness of the relevance of such factors informs the strategies that are matched to counteract them. In simple terms, static factors are historical or factual and inform of the nature of previous offending; stable dynamic factors inform of what attitudes, personality factors, circumstances contribute to and support such offending; and acute dynamic factors inform of the changes and occurrences that immediately precede such offending.

Defining each factor informs the focus, nature and level of risk management strategies.
RISK FORMULATION

The risk assessment processes leads to the development of a risk formulation – a working model or explanation of an individual’s risk in key areas (e.g. sexual violence, domestic violence) based on what are believed to be the most relevant risk and protective factors for the behaviours to be prevented in the future. It also importantly considers the interaction of those risk and protective factors to explain the risk of an individual.

Risk formulation involves recognition of the relative importance of risk factors, and the role they play in the occurrence of serious violent or sexual offending.

The risk assessment process will have identified present risk factors, and the analysis of offending should highlight those factors that are relevant to violent or sexual offending, and those that are critical.

A relevant risk factor is one that contributes to or maintains the behaviour of concern. A critical risk factor is one that is central to occurrence of violent or sexual offending. They may be ‘triggers’ for the offending, for example, several relevant risk factors may be functioning, but offending does not occur until a further factor is active. This would be a critical risk factor.

Distinguishing between the nature and function of risk factors contributes to an understanding of the interaction between risk factors. In addition, it can help to determine clusters of risk factors that are evident when an individual commits a serious offence.

Example

James has a history of alcohol related offences. He has a history of transient relationships as partners soon tire of his jealousy, dependency and abusive behaviours. Investigation uncovers that previous partners have struggled to sever the relationship and in the process have been subjected to episodes of emotional, physical and sexual assault. Over time the degree of harm perpetrated has increased. When threatened with ‘rejection’ he becomes defensive and angry and drinks to excess. When he then perceives further rejection or threat by peers in the pub he becomes truculent and verbally aggressive. He then identifies, targets a woman and seriously assault her, and commonly returns to the home of the previous partner and perpetrates further assault.

On occasions James’ brother intervenes and manages to defuse the situation. However, James is demanding and manipulative and his brother sometimes wearies of the responsibility and refuses to assist.

James has no current partner.

Consider how this case example identifies:

- static risk factors;
- stable dynamic risk factors;
- acute dynamic risk factors; and
- protective factors.

What risk scenarios can be identified?

How may they inform any subsequent risk management strategies?

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This is offered as an example to demonstrate the completion of one section of the Risk Management Plan in relation to the hypothetical case described above. Details will differ in accordance with each individual case.
Scenario planning assists in this by engaging the practitioner in consideration of several possible future eventualities and the above aspects of risk.

Imagine that the offender commits an offence and consider:

- **A similar scenario** (similar to the current or most recent acts). We know the nature and seriousness of previous offending. In what circumstances and how likely is this to happen?
- **A more optimistic outcome** in which the violence decreases and the person commits a less serious act. Given what you know of the offender and his circumstances, what could occur that would result in this scenario?
- **A more serious scenario** in which the violence increases and the offender commits a more serious or possibly life-threatening act of violence.

In each scenario consider the:

- **Likelihood** – what is the likelihood that James will engage in violence?
- **Nature** – what kind of violence is James likely to commit? Who are the likely victims? What is the likely motivation?
- **Severity** – what would be the psychological and physical harm to the victims? Is there a chance that the violence may escalate to more serious or life-threatening violence?
- **Imminence** – how soon might James engage in violence? Are there any warning signs that indicate that the risk is increasing or imminent?
- **Frequency or duration** – how often might the violence occur? Is it limited to or concentrated in specific periods of time?

For example, with these alternatives in mind we can attempt to develop some plausible scenarios in relation to our case example above. The following scenarios demonstrate the thinking process of taking knowledge of previous and current offending and speculating how this may be influenced by changing contexts, circumstances or events. The story that is generated should be credible but remains speculative. The outcome should be to draw lessons for development of risk management strategies from those scenarios. It is those key lessons that should be recorded in the RMP.

*James’ offence history describes a chain of serious violent incidents that appear to be initiated by his partner’s decision to end the relationship. Three contrasting possible scenarios can be developed from the limited information available:*

**A similar scenario**

If a situation arises in which James suspects that his partner intends to separate from him, past events suggest that he will react jealously and violently in an effort to control the situation. He will consume an excessive quantity of alcohol, and perpetrate further violent acts on strangers and subsequently his partner. The intimate partner violence typically involves severe slapping, punching and kicking. However, household objects are frequently used for the purpose of intimidation or to inflict injury.

The impact of this violence is severe physical and psychological harm. The violence towards strangers ranges from intimidation and verbal aggression to less serious physical assault. This is generally targeted at women, but may equally involve a male whose behaviour is interpreted as dismissive.
Due to his behaviour, his intimate relationships are transient and unstable, and therefore such situations are likely to occur frequently, unless apprehended.

**A more optimistic scenario**

James sees his partner talking to a male colleague and believes that partner is having an affair. He begins to drink heavily, phones his partner at her work and is verbally abusive, threatening and intimidating. Aware that the usual pattern would be for the emotional abuse to continue and for physical violence to follow, she contacts James’s brother who lives near by, who immediately goes to the pub and takes James to his home to sober up. The woman uses this space to go home, pack and leave for a friend’s home some distance away.

The immediate situation is diffused, and the violence is limited to emotional abuse and intimidation, through the victim’s recognition of an early warning sign and the intervening protective factor.

**A more serious scenario**

James returns home the following day to find that his partner has left taking all her belongings. He becomes extremely angry and frustrated that he can bring no influence to bear on the situation. He causes damage to the home, and the noise alerts a neighbour who phones the brother to ask for assistance. James’ brother is exhausted from the efforts involved in containing James the previous evening and the failure of any support to materialise from key agencies. James consumes a couple of cans of lager that he finds in the house and heads for the pub.

On the way, he passes two young women who are standing at a bus stop laughing between them. James interprets this as being directed at him and, without further warning, he lunges towards one of the young women, stabs her several times in the chest, inflicting a life threatening wound. On this occasion the early warning was ineffectual due to the failure of the protective factor and the lack of support from the key agencies.

From James’ history, the relationship breakdown appears to be the catalyst for his excessive drinking and subsequent offending behaviour. Consideration of past offending has highlighted this as a pattern. However, it may simply constitute one particular offence cycle associated with this offender. The more serious scenario raises the question of whether excessive alcohol is an essential factor, and whether serious harm may be inflicted on strangers. This scenario raises such questions and reinforces the importance of the protective factor, but at present there is not sufficient information to consider it a likely scenario.

A change of circumstances may throw further light on this situation. For example, how would the offender respond to the proposed separation from his partner in the absence of alcohol, i.e. whilst serving a term in prison? How does he respond to other emotive situations? Would he resort to violent behaviour in any emotive situation?

As previously noted, risk assessment is a continuous process in the implementation and review of the plan, responding to changes in circumstances as they occur or are anticipated. Similarly, the formulation of risk and scenario planning are dynamic activities and should be continuously revisited as new information emerges.
Mapping Risk Management Activities and Objectives to Risk Factors

Comparing the various scenarios allows the practitioner to consider: what risk factors need to be addressed with what degree of priority; what factors contribute to the likely repetition of a similar offence; what would be involved in an offence of escalating violence; and what factors distinguish those two scenarios from one in which serious harm is avoided.

If.... When.... Then.... Therefore

The Case Manager will:

in conjunction with the OLR Risk Management Team, layer the primary risk factors with the appropriate risk management activities. All and each of those functions should be considered in this process and each agency or discipline will be allocated to the appropriate activities, thereby adding the multi-disciplinary and multi-agency component:

- each relevant risk factor will be linked to at least two risk management activities;
- critical risk factors may well be linked to three or four of the risk management activities;
- each risk management activity will feature in the plan, and where particular victims cannot be identified, ongoing attention will be paid to this activity;
- rarely will risk factors be linked to only one agency;
- in general, monitoring will always be the responsibility of all agencies involved, and will be one of the activities attached to each relevant risk factor; and
- ensure an appropriate balance of activities focussing on external and internal controls.

The RMP will be defensible to the extent that it counters every plausible scenario.\(^\text{11}\)

The Case Manager will:

consider each risk management activity and its required contribution:

- supervision;
- monitoring;
- interventions or treatment programmes; and
- victim safety planning.

So what do James’ scenarios indicate as being necessary? The risk management strategies should focus on reducing the level of risk associated with the more serious scenarios and maximise the possibility of the more optimistic scenario.

Returning to the optimistic scenario, the better outcome hinged upon the recognition of and effective response to an early warning sign. This indicates the need for well constructed victim safety planning, awareness of and good use of protective factors.

\(^{11}\) ibid
For this better outcome to transpire: all key players must be aware of the significance of early warning signs and agreed courses of action; a plan of action must be prepared for the partner providing both information and practical assistance necessary to escape; and as a protective factor the brother should be primed to respond effectively. However, attention should be paid in planning for such an outcome, to the likely consequences or further risks that may evolve. Contingency action may be required when James discovers that his partner has left.

Turning now to the ‘similar scenario’, in addition to the need for victim safety planning and use of protective factors already identified, it highlights the requirements in relation to monitoring, supervision, and interventions.

The scenario illustrates the need for monitoring of compliance, progress or deterioration and informs the level and nature of restrictions that are required. Supervision would also include efforts to engage James in self-risk management, through his learning to recognise early warning signs and developing skills and strategies for interrupting the aggression chain. Treatment needs are indicated and would include domestic violence programmes and alcohol counselling.

The more serious scenario highlights the potential for serious harm if weaknesses in the preventive action plan are not counter-acted in the contingency action plan.

This scenario demonstrates the requirement for collaboration between agencies and co-ordination of responses. In this scenario, a lack of responsiveness to a rapidly changing situation and failure to recognise the inherent dangers in a situation that could too easily be viewed as a ‘success’ could result in further victimisation.

This scenario reinforces the need for a density of multi-layered, multi-agency and multi-modal risk management strategies. This approach is based on the understanding that all defences against a particular eventuality will have inherent weaknesses. This approach aims to protect against such weaknesses by avoiding over reliance of one function, one agency or one mode of delivery.

Therefore, in addition to applying the various strategies, it is also necessary to identify the possible weaknesses in each. For example, in the case above, the offender has a brother who provides a ‘safe home’ on the occasions that relationship difficulties occur and allows ‘time out’ to sober up and reflect. This would be a vitally important resource worthy of being included as a risk management strategy. It would equally be important for the Case Manager to identify that the brother may on occasions weary of the responsibility or that the offender may on occasions not avail himself of the support. It is insufficient to simply recognise and engage a protective factor; it is necessary to actively provide a support system for that protective factor. Such identified weaknesses in a risk management strategy must be contained in the contingency plan as needs for monitoring, reporting and agreed action by multi-agency partners.

This scenario also raises a question about the link between alcohol and serious offending that would merit further exploration.
Figure 2 demonstrates how the limited information about the above case example may inform the allocation of risk management activities based on several possible scenarios.

### Risk Formulation

<table>
<thead>
<tr>
<th>Risk Classification:</th>
<th>Intermediate Targets for Intervention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Offender presents an Ongoing risk of committing an offence causing serious harm. Identified scenarios involve pervasive risk and there are no protective factors to mitigate risk.</td>
<td>Social and interpersonal skills, Self-awareness</td>
</tr>
<tr>
<td>Stable Dynamic Factors: Problems with intimate relationships, Alcohol problems</td>
<td></td>
</tr>
<tr>
<td>Acute Dynamic Factors: Alcohol consumption, Interpersonal Conflict</td>
<td></td>
</tr>
<tr>
<td>Personal Concerns: None identified</td>
<td></td>
</tr>
<tr>
<td>Protective Factors: Brother</td>
<td></td>
</tr>
</tbody>
</table>

| Level of Supervision: Offender requires long-term management |
| Supervision: Regular announced and unannounced visits |
| Monitoring: Complying with rules? Attending programmes? Look out for early warning signs |
| Victim Safety Planning: Victims range from intimate partners to random strangers. With reference to the former warn/notify regular partner. In the latter case, there is no obvious steps to be taken; focus must be on increasing offender desistence |
| Contingency Planning: Re-assessment, Sanctions |
| Treatment/Interventions: Support with alcohol dependency. Skills training to increase autonomy, social skills, interpersonal skills. Cognitive behavioural therapy to address clinical issues. Relationship skills. Anger Management |
**IDENTIFIED RISK FACTOR: Alcohol Misuse**

<table>
<thead>
<tr>
<th>Relevant or Critical</th>
<th>Critical</th>
</tr>
</thead>
</table>

**Early warning signs and behaviours to monitor missed appointments, alcohol purchases, going to the pub**

<table>
<thead>
<tr>
<th>Risk Management Activity</th>
<th>Priority</th>
<th>Preventive Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision</td>
<td></td>
<td>Announced and unannounced visits with supervising officer. Reinforcement of relapse prevention strategies in relation to alcohol use. Confirm attendance at, and review progress in, the relevant treatment programmes.</td>
</tr>
<tr>
<td>Responsible Agencies</td>
<td></td>
<td>Supervising officer.</td>
</tr>
<tr>
<td>Weaknesses</td>
<td></td>
<td>Offender may engage in the misuse of alcohol between contacts with supervising officer.</td>
</tr>
<tr>
<td>Monitoring</td>
<td></td>
<td>Continued monitoring by all personnel in contact with the offender. Liaison with the various treatment providers. Identification of warning signs communicated to lead authority. Emergency case conference in the event of alcohol misuse being identified.</td>
</tr>
<tr>
<td>Responsible Agencies</td>
<td></td>
<td>All agencies involved with the offender.</td>
</tr>
<tr>
<td>Weaknesses</td>
<td></td>
<td>Early warning signs not identified. Information not passed between agencies at earliest opportunity.</td>
</tr>
<tr>
<td>Intervention or Treatment</td>
<td></td>
<td>Enrol offender in suitable programmes.</td>
</tr>
<tr>
<td>Responsible Agencies</td>
<td></td>
<td>Case Manager.</td>
</tr>
<tr>
<td>Weaknesses</td>
<td></td>
<td>Offender may disengage from treatment.</td>
</tr>
<tr>
<td>Victim Safety Planning</td>
<td></td>
<td>Ensure that above strategies are put in place and adhered to rigorously. In the case of known victim(s), ensure that the individual(s) are aware of early warning signs in relation to the offender’s alcohol use. Ensure that any known victim(s) is aware of victim safety issues.</td>
</tr>
<tr>
<td>Responsible Agencies</td>
<td></td>
<td>Case manager &amp; Police.</td>
</tr>
<tr>
<td>Weaknesses</td>
<td></td>
<td>Victim(s) may inadvertently come into contact with the offender.</td>
</tr>
</tbody>
</table>

**Contingency Measures**

Increased monitoring supervision. Advise all parties involved with the offender to contact case manager in the event of any problems. Emergency case conference. Instigate outreach measures. Return offender to custody.

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12 This is offered as an example to demonstrate the completion of one section of the Risk Management Plan in relation to the hypothetical case described above. Details will differ in accordance with each individual case.
PRIORITISING RISK MANAGEMENT OBJECTIVES

The above process will result in a comprehensive review of the identified risk and protective factors and associated documentation of appropriate strategies, with inherent weaknesses acknowledged and documented. However, in complex cases of individuals who pose a risk of serious harm to others this is likely to result in a wide range of requirements to be addressed.

Prioritisation and scheduling are needed to manage this.

Such prioritisation means giving attention to a variety of factors, each factor requiring to be balanced at any point in time according to the:

- critical or relevant nature of each factor;
- current context;
  - times of planned change;
  - times of unplanned change;
- conditions of licence; and
- readiness to change and engagement.

In accordance with the needs principle, treatment or intervention must focus on the subset of dynamic risk factors that have been found to relate directly to a risk for re-offending. However, some offenders have individual characteristics that have criminogenic potential for that offender. Moreover in the context of managing offenders who pose a risk of serious harm, priority will be afforded to those risk factors that are most relevant to further serious offending. For example, a risk and needs assessment may identify ‘unemployment’ as a factor contributing to overall risk of reoffending. However, specific individual factors could include a specific date or event that causes an emotional response, pain or discomfort possibly triggering alcohol or drug abuse, low mood and disengagement from services.

At any point in time there will be constraints and relative degrees of protection afforded by the environment and furthermore, there will be constraints and objectives imposed by the Court or the Parole Board for Scotland.

However, those constraints aside, it has been found that the scheduling of interventions in custody impacts on the subsequent recidivism rate. Relevant interventions that conclude successfully close to the date of release or discharge are more effective.

Research indicates that strategies that incorporate the interest or commitment of the individual are more effective. There is a body of literature that speaks to the issue of ‘readiness for change’ (see Risk Management Strategies section). Models of the different phases that individuals go through when faced with change suggest that practitioners will need to tailor their approach to coincide with the offender’s current stage; different therapeutic processes are appropriate at different stages. Therefore, it is necessary to identify the individual’s current status in relation to the cycle of change (see Risk Management Strategies section).

This finer tuning of the RMP and development of specific strategies will be addressed in the following section.

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14 Hanson & Harris (2000)
15 Taxman (1999)
PROCEDURE

- Using the framework above, or similar method, link the identified risk and protective factors and early warning signs to appropriate risk management activities, remembering that the relevant and particularly the critical risk factors must be allocated multiple risk management activities:
  - clarify the roles of multi-agency and multi-disciplinary partners in each;
  - aim to address both external and internal controls;
  - prioritise the identified activities and objectives for risk management;
  - enter the objectives for this year including the rationale behind the prioritisation and scheduling decisions in the RMP; and
  - consider the inherent weaknesses and potential for breakdown of these strategies and enter these into the contingency action plan.

PLAN

Evidence the attention to the above principles, practice and procedure in the appropriate sections of the RMP.

Check if:

- risk management activity objectives in relation to each risk factor are prioritised in the RMP;
- risk factors identified in the risk assessment are addressed in the preventive action plan;
- protective factors identified in the risk assessment are addressed in the preventive action plan;
- identified weaknesses in the above are recorded in the contingency plan;
- application of risk management functions, agencies and methods are proportionate to identified risk; and
- responsibilities and roles of each agency are clear in preventive and contingency action plans.
GUIDELINES:
RISK MANAGEMENT STRATEGIES
4. RISK MANAGEMENT STRATEGIES

The Lead Authority and partner agencies will use their best endeavours to ensure that their representatives are equipped and resourced to meet the following standard, with due regard to the following guidelines.

The RMP must map multi-layered risk management strategies to each identified risk factor and to each active protective factor.

This will normally mean that multiple strategies, delivered by multiple means, are applied to address each identified risk and protective factor.

The RMP must set out the arrangements for the supervision and monitoring of the offender, must detail the treatments or interventions to be carried out and must address victim safety planning.

Risk management strategies will represent the principles of effective practice and each strategy should be:

- sufficient to manage the risk posed;
- appropriate to the offender and the offender’s situation;
- relevant to the risk factor(s);
- evidence-based; and
- the least restrictive necessary.
PRINCIPLES & RATIONALE

The management of offenders who pose risk of serious harm to others demands thorough and comprehensive risk management practice delivered at a level that will provide the best possible protection to the public and potential victims. Therefore, it necessarily involves elements of restriction. However, the following guidelines draw on evidence about those practices and approaches that are most effective in engaging the offender in a process of self-risk management.

The management of serious violent and sexual offenders can be broken into two approaches – those that impose external controls upon the offender and those that attempt to build an individual’s internal controls. Robust risk management involves strategies that encompass both approaches imposing external controls while attempting to maintain or improve the offender’s internal controls.

External controls may take the form of restrictions that limit for example activities, movement, and associations. Some will be conditions of a Licence or Order; others will be in the form of a direction from a supervising officer.

Internal controls are enhanced through the delivery of treatment programmes and interventions such as cognitive behavioural programmes, skills training, anger management programmes, sex offender programmes, relapse prevention approaches and substance misuse counselling.

Restrictive measures unavoidably limit liberty and are intrusive although they can be regarded as productive and protective to both the public and the individual subject to them. It has been noted that sex offenders for example, often view the limits on their behaviour positively as they exert an influence that they are unable to exert on themselves.\textsuperscript{16}

Conversely, interventions can be challenging and demanding and may meet with greater resistance. A key component of effective practice then is engagement. Research speaks to the positive impact of certain promising approaches on the most difficult to engage offenders.\textsuperscript{17}

Engagement is encouraged by the basic tasks of clarifying and agreeing objectives and expectations, involving clear and transparent explanation of the authority vested in the responsible agencies. Effective and legitimate use of that authority engenders a sense of fairness when the consequences for non-compliance are understood and enforced as necessary. Consistency between the various agents and agencies involved in the risk management process is essential.

An appropriate and proportionate RMP reflects the principles of risk, need and responsivity. It has already been established that risk management practice rests on a sound assessment and formulation of risk guiding the intensity and focus of services. Responsivity encompasses a range of factors including motivation, personality, ability and learning style that further individualise the approach. While the multi-layered, multi-agency and multimodal approach implies a density of risk management strategies; the precise nature, focus and intensity require to be specific to the individual.

So while effective risk management practice is essentially rigorous and restrictive, the approach promoted in the following guidelines equally endorses the qualities of engagement, legitimacy, consistency and responsivity.

\textsuperscript{16} Grubin (1998)  
\textsuperscript{17} Hemphill & Hart (2004)
PRACTICE

DELIVERING RISK MANAGEMENT STRATEGIES

Robust risk management involves strategies that impose external controls while attempting to maintain or improve the offender’s internal controls. The balance of those strategies will vary over time, determined by the assessed level of risk and the offender’s degree of engagement. In some cases when there is little or no engagement, the risk management strategies will consist entirely of restrictive measures.

Risk management is enhanced considerably when the individual is motivated to participate in establishing and attaining the goals of the RMP self-risk management. Disengagement from the process greatly hinders the ability to monitor and supervise, prevents efforts of treatment or intervention and increases the risk posed to victims and the community. Therefore efforts to enhance engagement and motivation are central to a collaborative approach committed to public protection.

A fundamental task of risk management is therefore to secure the individual’s consent and active participation in the RMP. This should be done by collaborating with the individual to secure shared objectives. Essentially, the most effective arrangement in offender management has been shown to balance the ‘structuring’ efforts directed at restricting, limiting and guiding behaviour with the ‘relationship’ element that influences through modelling, reinforcement and engagement.

A growing body of research literature has identified the principles of risk, need and responsivity as central characteristics in effective practice:

**Risk Principle:** the level of intervention should be guided by the offender’s level of risk;

**Criminogenic Need Principle:** intervention should focus systematically on the needs and problems linked with offending; and

**Responsivity Principle:** stresses the importance of matching the treatment or intervention modality to the characteristics of the offenders. Generally, cognitive-behavioural and social learning approaches have been found to be more effective. More specifically, the most effective interventions or treatment programmes are those that are tailored to an offender’s learning abilities and styles, motivation to change, personality type and level of interpersonal and communication skills.

Recent research has stressed the importance of the role of the practitioner’s skills, qualities and values in offender management. That is, how staff deliver interventions is important in addition to the content of the work undertaken. The most positive outcomes are achieved when interventions based on the principles of risk, need and responsivity are delivered by practitioners who demonstrate the following:

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19 ibid
Effective use of authority – a “firm but fair approach” that actively guides the offender towards compliance. Practitioners should clearly explain the conditions, expectations and consequences of compliance and non-compliance.

“Modelling” and reinforcing anti-criminal attitudes:
- effective modelling;
- effective approval;
- effective disapproval; and
- structured skills learning.

Teaching problem-solving skills.

High quality, appropriate relationship:
- a range of characteristics including warmth, humour, enthusiasm, commitment; and
- structured through skillful communication that is non-judgmental but directive, with a positive focus on finding solutions and dealing with high-risk situations.

**The Good Lives Model of Offender Rehabilitation**

Consistent with the principles of Core Correctional Practice, the Good Lives Model of Offender Rehabilitation (GLM)\(^2\) offers a constructive approach and provides a framework for incorporating factors that have been shown to be of importance in enhancing offender motivation. Within this approach, the core idea is that individuals are naturally goal-seeking beings. Where offenders are concerned, criminal behaviour relates not to the goods that the offender seeks, but to the way in which he or she seeks them.\(^3\)

Any supervision and treatment or intervention approach should take this into account and focus positively on equipping people with the skills necessary to secure primary goods in socially acceptable and personally meaningful ways. By virtue of its focus on human goods or good outcomes, it provides an explicit avenue by which to motivate offenders. A series of strategies associated with this model is summarised below:\(^3\):

**The Practitioner’s Style**
- respect, relatedness and acknowledgement of the offender’s feelings are evident; confrontation and prescription are avoided;
- understand that the offender will have mixed feelings about desistance. Offending has a function – desistance from offending is likely to leave a gap in the offender’s life;
- change must be accompanied by a positive, constructive approach to how a person can meet his or her needs; and
- be clear about objectives.

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\(^2\) ibid
\(^3\) Ward (2002)
\(^2\) adapted from McMurran & Ward (2004)
Goals

• agree goals that are of value to the offender, framing the offender’s objectives in prosocial terms;
• achievement of difficult goals can be enhanced through the setting of small, practical steps that allow for success and positive feedback; and
• the practitioner should view the offender holistically, focusing on a broad range of current concerns, and help the offender prioritise those areas that require attention.

Skills

• the offender’s life needs to support any changes that are accomplished;
• promote this through teaching skills that enable attainment of common life goals;
• focus on existing abilities and address gaps in skills; and
• teach and reinforce new skills.

Readiness for change

Intervention units should be matched to offenders’ readiness for change. In accordance with the Stages of Change Model\textsuperscript{24}, change is a process that unfolds over time through a series of stages: pre-contemplation, contemplation, preparation, action, maintenance and relapse:

\begin{itemize}
  \item pre-contemplation stage: the individual is not considering the possibility of change; individuals typically perceive that they are being coerced into treatment or interventions to satisfy someone else’s need;
  \item contemplation stage: characterised by ambivalence – individuals may simultaneously or in rapid alteration consider and reject reasons to change;
  \item preparation stage: the individual has made a commitment to change;
  \item action stage: the individual believes that he or she has the ability to change his or her behaviour and is engaging in actions to bring about change;
  \item maintenance stage: the individual is working to sustain the significant changes he or she has made and is actively working to prevent relapse; and
  \item relapse: the individual returns to pre-change behaviour.
\end{itemize}

The six distinct stages are progressive and characterize a fluctuating state of motivation to engage in the process of behaviour change. Within the stages of change model, motivation for change is understood as progressing, regressing and fluctuating from one stage to another and can vary according to an individual, time and situation\textsuperscript{25}. Practitioners will need to tailor their approach to coincide with the offender’s current stage – different risk management processes predominate at different stages. Therefore, it is necessary to identify the individual’s current status in relation to the cycle of change.

\textsuperscript{24} Prochaska & DiClemente (1982)
\textsuperscript{25} ibid
DEVELOPING RISK MANAGEMENT STRATEGIES

For the purposes of these Standards and Guidelines, risk management strategies are categorised into the following activities:

- supervision;
- monitoring;
- interventions or treatment programmes; and
- victim safety planning.

A risk management strategy is the means by which an objective is attained. Therefore, a supervision strategy aims to promote a risk management objective through the procedures and tasks associated with offender supervision.

SUPERVISION

Different organisations have different interpretations of supervision.

In a custodial or secure setting, levels of supervision will relate to institutional security, requirements for physical location, arrangements for escorts, ground access, etc. This concept of supervision level context does not have the rehabilitative quality of local authority community supervision, but rather provides the context in which other risk management activities will take place.

The Case Manager will:

- provide the rehabilitative element of supervision in the institutional setting.

The Scottish Perspective

In the community in Scotland, the supervision of offenders has been the responsibility of local authorities under the auspices of directors of social work for almost 40 years. This legislative arrangement is unique and embraces the ideal of rehabilitation. Despite substantial legislative and political change, the spirit of Kilbrandon and the provisions of The Social Work (Scotland) Act 1968 endure, while moves towards greater emphasis on public protection have refined the role.

Literature on risk management practice often defines the goal of supervision as being the reduction of likelihood that an individual will re-offend through the restriction of liberty. In Scotland, a broader understanding of supervision is predominant. Therefore, for the purposes of this document, the supervision process has a dual focus of promoting rehabilitation and reducing harm, through restricting liberty as necessary, and engaging an offender in the process of change.

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26 Commitment to Protect (1997) and McNeill (2005)
**Periods of Transition**

As the offender moves through various stages of his or her sentence, responsibility for case management will shift at various times. Crucial stages will be transfer from closed to open conditions, and release into the community. It is essential that this transfer of responsibility occurs as seamlessly as possible. Information must be shared in a timely fashion and a clear focus must be maintained on the offender’s risk and reintegration factors and the response to these factors (i.e. the RMP). The offender’s release into the community is potentially the most serious and challenging transfer of responsibility.

The community supervisor is responsible for the development, implementation and follow-up of the RMP. The RMP will, ultimately, set out the arrangements for the supervision and monitoring of the offender. The higher the risk of re-offending presented by the offender, the more intensive and extended the supervision programme should be. Conversely, offenders whose risk of re-offending is assessed as being low should be allocated to less intensive forms of supervision. An effective pre-release planning system combines an offender’s personal goals with an objective assessment of an offender’s risk and need factors.

**Offender Engagement**

A face-to-face interview should be scheduled with the offender within one working day of his or her arrival at the release destination. The initial face-to-face contact with the offender presents an opportunity to clarify expectations and assists the offender with his or her initial adjustment into the community. It is also the first step in developing an effective relationship with the offender. Similar to a therapeutic setting, the degree of rapport between the offender and the Case Manager is an important component of the supervision process to achieve better outcomes.

To make supervision successful, contacts must have a function that exceeds the mere exchange of information or imposition of rules and conditions. The contact is an engagement process that is designed to achieve desired outcomes. It provides the setting to explore the factors contributing to criminal behaviour, to outline the ground rules and expectations for supervision, and to engage the offender in assuming responsibility for the success of the supervision. Clearly establishing the ground rules reduces the mystique of supervision, and clearly applying the rules reinforces the expected behaviour of the offender. An effective tool is a behavioural agreement that clearly identifies the expected behaviour, the consequences of non-compliance, and the benefits of compliance. Offenders whose behaviour is closely monitored, and whose non-compliant behaviour is subject to swift and certain consequences, are more likely to conform to their case plans and avoid criminal activity.

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27 Taxman (2002)
The Case Manager, in the process of supervising the case, will also be engaged in monitoring. In the community, regular scheduled office visits and home visits will be supplemented with unannounced home visits and contact with others to establish the details of compliance and circumstances necessary. The level of this contact will vary but is likely to be intensive, demanding and may be deemed intrusive. Care is therefore required to avoid disengagement.

The theoretical and research developments outlined above suggest that the most promising approach is to achieve synergy between the restrictive and rehabilitative aspects of supervision.

Case Managers are encouraged to draw supervision strategies from each of the following categories:

- **Contract:**
  - consequences of compliance and non-compliance;
  - mutual expectations;
  - clear guidelines for behaviour;
  - planned contact;
  - content of contact – frequency and location; and
  - identify and explore triggers for violent offending.

- **Restrictions:**
  - Associations;
  - Behaviours; and
  - Whereabouts:
    - Curfew;
    - Electronic monitoring;
    - Prohibitions;
    - Conditions of licence; and
    - Contact with supervisor.
Goal-setting:
- mutually agreed goals that are:
  - specific;
  - measurable;
  - achievable;
  - realistic; and
  - time-limited.

Structured skills learning:
- describe;
- demonstrate;
- rehearse;
- practice; and
- review:
  - prosocial coping strategies for known ‘trigger’ situations; and
  - relapse prevention strategies.

**MONITORING**

There is overlap between supervision and monitoring. A supervision task will always be to monitor the level of compliance and progress with the various risk management strategies. Monitoring may well in some contexts involve a degree of engagement and rapport. This requires clarity of roles and responsibilities.

Monitoring activities vary according to the role and agency that a member of the risk management team represents. A primary responsibility for monitoring lies with the police, although responsibility for monitoring lies with all agencies at all levels who work with the offender. Monitoring is not just about making sure a person is where he or she should be but about looking out for behavioural change (for better or worse). Monitoring with a positive result can be a sign that an offender’s risk is decreasing; for example, he manages interactions with staff differently.

**MONITORING** Strategies can be drawn from a range of activities and procedures of varying sophistication:
- surveillance;
- electronic monitoring;
- drugs testing;
- contact with the offender, family and victims by a range of professionals. For example, a health visitor with primary responsibility for the welfare of the children in the home should equally be aware of his or her potential contribution to the monitoring process; and
- home visits will normally be scheduled and arranged as part of the supervision function, but unannounced visits should occur for the purpose of monitoring.
The extent to which monitoring can be undertaken in an engaging, collaborative and effective manner is illustrated by the evaluations of the Circles of Support and Accountability\textsuperscript{28}. Monitoring should identify changes in individual and situational factors which could increase the likelihood of risk of harm to others so that management strategies can be revised as appropriate.

The general strategy for monitoring change in the offender involves identifying those behaviours which are related to the individual’s offending cycle (i.e. static, stable dynamic and acute dynamic risk factors), and monitoring for similar instances of behaviour throughout the period of supervision. Effective monitoring is underpinned by a good clear formulation of the individual’s offending patterns (see Risk Formulation Linking Risk Assessment to Risk Management section). The individual risk formulation provides the basis for deciding which monitoring systems are required, which behavioural observations need to be made, and the behaviours, events and other indicators which may constitute early warning signs for the individual.

The presence and awareness of early warning signs can be utilised as an opportunity for intervention designed to prevent re-offending and/or protect victims. The identification of early warning signs relating to a particular offender should also be guided by the research which offers general early warning factors which appear to be prevalent in a particular set of offenders.

In addition to consideration of the various risk factors pertaining to a particular individual, close regard should be paid to any behavioural change. Whilst the risk formulation for the individual provides the basis for monitoring change, variations in the individual’s normative behaviour may also constitute early warning signs. Accordingly, the following eight areas of acute dynamic functioning should be taken into account in the monitoring process:

- co-operation with supervision;
- social environment;
- hostility or affinity towards particular individuals or groups;
- substance misuse and medication;
- social support;
- emotional state;
- physical state; and
- victim access.

**Co-operation with supervision**

Individuals are most likely to maintain a pro-social lifestyle when they are able to comply with the requirements of supervision. The extent to which the individual is working with, or against, those responsible for supervision may be indicative of his or her motivation for change and/or risk of recidivism. Rejection of supervision can manifest in numerous ways including non-appearance at scheduled visits, disengagement, manipulation, deception, indirect hostility, or open confrontation\textsuperscript{29}. Therefore, the offender’s behaviour should be carefully monitored for any changes that may “flag up” the need for more intensive monitoring or immediate intervention.

\textsuperscript{28} Wilson, Picheca and Prinzo (2005)

\textsuperscript{29} Stable-2000 and Acute-2000
Social environment

Have there been any marked changes in the individual’s social environment which may give cause for concern? For example, has he or she disengaged from constructive social behaviour opting instead for insular activities? This may indicate a decrease in motivation to address offending behaviour or may highlight concerns around the individual’s physical or mental welfare. Any changes in the offender’s social environment will require further investigation.

Hostility or affinity towards particular individuals or groups

The basic concept is to look out for any expression of hostility or affinity towards members of staff responsible for monitoring the offender, or towards other individuals and/or groups. An offender who has become irrational and opposed to authority may, for example, act against his or her own best interests to express his or her defiance. An individual who has offended against women may develop an unhealthy interest in members of the opposite sex. Signs of hostility can range from a single verbal altercation to a direct threat of physical violence. Any subtle changes in the individual’s overall level of characteristic hostility should be closely monitored.

Substance misuse and medication

Is the individual engaging in the misuse of alcohol and/or other illicit substances? An offender who is drinking regularly and for whom drinking is not prohibited may, for example, require careful monitoring, whereas alcohol use in the case of the offender who is prohibited from alcohol consumption would require immediate action. Other important issues may centre on the individual’s use of prescribed medication; is the offender reporting that he or she is taking his or her medication as prescribed by the physician? Are there any physical or psychological signs to the contrary? Any concerns should be reported to the relevant parties (e.g. community psychiatric nurse, psychiatrist, psychologist, general practitioner, Case Manager).

The Case Manager will:

▶ be the central point of contact for all those involved.

Social supports

The basic construct is that risk of re-offending may be reduced by the presence of a social network of individuals who have a constructive role in the individual’s life. A breakdown of this social support may render the individual more vulnerable to recidivism. Similarly, there may be an increase in negative influences in the offender’s life. Changes in social support can range from the loss of important but not critical supports, which would require close monitoring, to a total collapse of social supports, which may require immediate intervention.

Emotional state

Severe emotional disturbance can impair judgement and limit self-control. Emotional crisis may lead the individual to focus on the immediate relief of his or her current distress, which may in turn result in dysfunctional responses (e.g. use of alcohol or illicit substances). In contrast to normal negative effect, individuals in crisis may be unable to maintain normal daily routines and become overwhelmed by his or her emotions. He or she may entertain a self-destructive urge in the belief that re-offending will somehow “make it go away” or that he or she is better off incarcerated. Therefore, any changes in the individual’s emotional state should be closely monitored and/or acted upon.

30 ibid
Physical state

Any changes in the individual’s physical state may be indicative of an increase in risk. Deterioration in a person’s standard of dress may, for example, suggest that his or her self-management skills are being compromised. Alternatively, the individual who appears to be attempting to improve his or her appearance by, for example, exchanging characteristic casual dress for an expensive suit, may have an ulterior motive(s). Such a situation may require further investigation; the offender may be attempting to blend in with a particular group, or may be involved in “grooming” behaviour.

Victim access

The risk posed by an offender increases when he or she has frequent and easy access to potential victims. Consideration should be given to the offender’s opportunities for interaction with previous or potential victims. Is the offender actively manipulating individuals and circumstances to create opportunities to access victims? Are there any indicators that he or she is engaging in the offending cycle – for example, a change of route home to coincide with school closing time? Any suspicions regarding victim access should be closely monitored and the offender’s behaviour challenged.

The list of areas of acute dynamic functioning outlined above is not exhaustive, and such identified issues should be fully reflected in the RMP as targets for monitoring activities.

The Case Manager should also attempt to identify and respond to factors that are unique to a particular individual, e.g. health problems of a cyclical nature which may manifest with little or no warning. Any concerns may require close monitoring, or indeed may require immediate intervention depending on the extent of the perceived problem.

All concerns should be communicated to the Case Manager, and further assessment of the individual’s risk may be necessary. Consideration should also be given to the interaction between the various areas, for example, an increase in substance use may signal an attempt to self-manage emotional distress31.

Monitoring in a secure setting

Monitoring within a high secure environment is often about finding appropriate “proximal behaviours” to attend to32. In prison or secure hospital, behaviour may be observed which approximates how an offender might act in a less restricted environment. Such behaviour may indicate that the internal motivation to offend is still there. Opportunities present themselves in custodial environments that are less frequent or “potent” but nevertheless significant. These are particularly important behaviours to monitor. Behaviours that would be cause for concern would include: a child sex offender keeping a catalogue featuring children’s clothes in his room, the playing of violent or sexually violent computer games, the attempt to groom or target young and vulnerable prisoners (in the absence of children), attempts to groom or target staff, ongoing paranoid ideation, or impulsive aggressive behaviour when thwarted.

31 ibid
32 Clark, Fisher & McDougall (1993)
Within institutions, these behaviours can be the key to working out whether the risk is diminished in any way. Similar to the community setting, monitoring in the secure setting is about behaviour change as well as looking out for warning signs relating, for example, to sexual attitudes, attitudes to women, attempts to bully or control others, aggressive behaviour, or an increase in psychotic phenomenon. The whole team might be involved in observing or collecting information about the person provided they know what to look for.

**INTERVENTIONS**

The responsiveness principle stresses the importance of matching interventions or treatment to the characteristics of the offender. Research has shown that the most effective interventions or treatment programmes are those that are tailored to an offender’s learning abilities and styles, motivation to change, personality type, and level of interpersonal and communication skills.

Readiness for treatment should be taken into account when considering interventions. For example, offenders with mental health problems may need to be stabilised on medication prior to undertaking an intervention. Similarly, consideration should be given to the offender’s position in the cycle of change. We should not treat offenders in the pre-contemplation stage as though they were in the action stage and expect them to continue in therapy. A more realistic goal is to use stage-matched interventions to help individuals to progress one stage.

In the realm of interventions with general offenders, there is a growing body of literature that suggests that the cognitive behavioural approach holds considerable promise. Cognitive-behavioural therapies and interventions involve a comprehensive, structured approach based on social learning theory using cognitive restructuring methods and behavioural techniques. Behavioural methods are primarily directed at increasing pro-social skills. The cognitive behavioural approach employs peer groups and educational classes, and uses a variety of counselling theories. This approach suggests that interventions are most effective when they address the criminogenic needs of high-risk offenders.

The characteristics of programmes that are more likely to be effective with this population include structured skill training, a directive but non-punitive orientation, a focus on modification of precursors to criminal behaviour, and a supervised community component. A range of cognitive behavioural programmes have now been accredited for use, some in custodial and some in community settings. Many other cognitive behavioural programmes and approaches are available, but care should be taken to ensure that these have been developed in line with principles of best practice.

Effective practice involves increasing protective factors against offending as well as reducing risk factors for offending. Protective factors include:

- personal factors (e.g. intelligence, good problem solving skills);
- family support;
- relationships which reinforce individual competence and commitments which support and enhance pro-social attitudes and beliefs;
- the influence of authority figures who lead by example and offer recognition and praise;
- healthy lifestyles;

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34 ibid
opportunities for involvement and participation in pro-social activities and relationships; and
employment.

**Intervention or treatment modality**

Effective interventions may involve a combination of group, individual and family work. The appropriateness of each will be determined by the factors which are identified as being related to the offending, the offender’s circumstances, and the objectives of the RMP.

Family work is appropriate when offending has some origins in family relationships or problems wherein the family could be actively engaged in efforts to prevent further offending.

Groupwork interventions are appropriate for:
- role-play and rehearsal of appropriate behaviour;
- peer education;
- peer challenge and support;
- cognitive and interpersonal skills training; and
- reflection on common difficulties.

Individual interventions are appropriate for:
- offenders requiring high levels of intervention due to the nature and complexity of their difficulties (e.g. childhood sexual or physical abuse);
- self-monitoring and self-instructional training;
- tutoring or applying learning outcomes from group work to personal circumstances;
- managing personal obstacles to programme participation; and
- offenders with high levels of personal trauma.

**VICTIM SAFETY PLANNING**

**Victim safety planning in the community**

The processes of assessing and managing risk in the community should focus on increasing the safety and protection of victims, children and others. The core aims of victim safety planning is to reduce the likelihood of future harm, including the effects of further violence, serious injury and homicide on known adult and child victims and potential future victims. Where possible, a structured victim safety plan should be devised in conjunction with the risk management strategies outlined above.

A structured safety plan is defined as a system whereby the victim may consult with other agencies to enable them to make use of their existing and available resources in order to understand the risk posed by the offender and increase his or her (the victim’s) safety and that of his or her children. Safety planning should identify patterns of escalation and should help the victim to identify early cues to violent situations. Safety planning is an ongoing process, with the goal of increasing the victim’s ability to evaluate changes in risk and to modify his or her safety plan accordingly.
This process should be separated from the investigation process and risk assessment; although an effective investigation and risk assessment should inform a victim’s safety plan. The risk management team should enlist the range of services required to maximise the victim’s safety. Effective multi-agency information sharing is crucial to a comprehensive process of risk assessment and risk management. Whilst there is a positive duty to share information, the decision to share information should be careful, balanced and should always focus upon ensuring the safety of the victims.

Victims may require various forms of support and services depending on their individual situation. These may include legal aid, crisis and subsidised housing, social assistance, counselling, childcare, transportation and so on. Providing emotional support to victims is also an integral part of risk assessment and safety planning. Keeping victims safe requires commitment of resources to risk assessment and safety planning. Risk assessment and safety planning requires trained staff, as well as adequate funding, services and infrastructure.

General safety measures

Where a likely victim is known (for example, where an offender is living in the same community as a partner and/or child to whom he or she has been violent in the past), the risk management team should consider what strategies could be put in place around the victim. Some general examples are listed below:

- restrict access by adding or improving door locks and security checkpoints. Install security lighting. Install alarms, or provide victims with personal alarm. Promote a neighbourhood watch scheme;
- provide information concerning risk to victim and social support;
- counselling with victims to increase awareness and vigilance;
- training in self-protection or classes in physical self-defence;
- develop protocols for handling unwanted communications;
- change victim’s residence and/or workplace;
- provide information about other services, including advocacy;
- practical support, protection and safety, including prevention of repeat victimisation, preparation for court and special measures; and
- emotional and psychological support.

The various strategies outlined above will not all be appropriate for all victims and need to be tailored to individual needs and circumstances. The strategies for victim safety planning should be designed around the particular risk factors associated with the individual offender.

Returning to the case example, the identified risk factors associated with James’ offending behaviour are a history of alcohol-related violent behaviour, excess alcohol use, a lack of interpersonal skills, and a lack of insight into his offence cycle. These elements of the risk assessment will be central to the victim safety planning strategies. James’ history of alcohol-related violent behaviour highlights the need for enhanced personal security for the victim until such time as his offending behaviour is successfully addressed. This requirement for personal security is further enhanced by James’ lack of insight into his offending behaviour.

In this case, a combination of practical measures would be taken to reduce the risk of immediate harm. Drawing from the scenarios identified in the RMP, risk factors, early warning signs and protective factors associated with
the offence chain should be clearly communicated to potential victim(s). This allows the individual(s) to act upon early indicators of a potential violent incident and capitalise on any protective factors.

**Critical time periods**

The process of assessing and managing risk in the context of intimate partner violence such as that in our case example is dynamic and complex. The situations where violence is likely to occur can undergo rapid and frequent change. All systems for assessing and managing risk must reflect this reality. Importantly, victim safety planning should take into account critical time periods when the risk of violence is significantly escalated as shown in Figure 4 below (Note that the graph depicts the potential for violence towards individuals in the community. However, violent or threatening behaviour towards other individuals may continue through the period of incarceration or detention).

Figure 4: Potential for violence timeline

Attempts to end a relationship are strongly linked to intimate partner homicide. The greatest risk factor for partner homicide by men appears to be estrangement and prior violent and controlling behaviour. These factors are evident from the case example in section 3, when James has shown to engage in violent behaviour following his partners’ attempts to withdraw from the relationship; his perception of rejection culminates in a chain of violent acts involving both his partner and random strangers.

Despite the common assumption that terminating a violent relationship will end violence, women who separate from their partners are at a higher risk of physical violence and sexual assault. The early stages of separation (particularly the first three months) are particularly dangerous. This critical time period should be taken into account in the preparation of the victim safety plan.

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35 Websdale (1999)
36 Browne, Williams & Dutton (1999)
37 Walby & Myhill (2001)
38 Mahoney & Williams (1998)
39 Wilson & Daly (1993)
**Personal safety plan**

To effectively engage in safety planning, a victim will need knowledge of a wide variety of issues. The risk factors, protective factors and early warning signs associated with the offender should be clearly communicated to any potential victim(s) so that they may detect and avoid or diffuse volatile situations. Without knowledge of these important issues, the victim’s ability to engage in safety planning is compromised.

In addition, a personal safety plan should be devised in conjunction with the Case Manager. A personal safety plan offers a series of guidelines which are designed to increase the ability of the victims to protect themselves. The personal safety plan should be tailored to the needs of the particular victim(s). However, some central requirements are listed below:

- Provide a guide to the resources within the individual’s community that can offer services and/or support.
- Advise potential victim(s) to:
  - keep with them any important emergency telephone numbers;
  - explain his or her situation to a trustworthy neighbour and ask them to call the police in the event of noises which suggest a violent attack;
  - be prepared to leave the house in an emergency;
  - rehearse an escape plan, so that in an emergency he or she can get away safely;
  - prepare an emergency bag and hide it somewhere safe;
  - keep a small amount of money on his or her person at all times;
  - know where the nearest telephone is and, if he or she has a mobile telephone, try to carry it with them; and
  - if he or she anticipates an attack, get to a “safer” area of the house – for example, where there is an exit and telephone. Avoid the kitchen or garage where there are likely to be weapons available. Avoid rooms where you may become trapped such as the bathroom.

**Victim Safety Planning in Secure Settings**

Practitioners in secure settings should assess the risk the offender poses, whether to themselves, or to staff, or to other inmates or patients, and this information should be communicated to all individuals working with the offender. The processes of assessing and managing risk in secure settings should aim to both fulfil the duty of care to the offender and increase the safety and protection of all individuals who come into contact with him or her throughout his or her sentence.

The core aim of victim safety planning is to reduce the likelihood of future harm to all individuals present in the secure setting. Therefore, a structured victim safety plan should be devised in conjunction with the risk management strategies outlined above. This process should be separated from the risk assessment, although an effective risk assessment should inform a victim safety plan.

Opportunities for victimisation present themselves in custodial environments which are less frequent or “potent” but nevertheless significant. Each organisation needs to consider what other victims could be created within the institution and make plans accordingly. Are fellow prisoners, patients, members of staff, or visitors at risk from an
offender? What “offence-like” behaviours are likely to emerge? For example, a child sex offender may attempt to groom or target young and vulnerable prisoners or patients (in the absence of children) or attempt to groom or target particular members of staff. Such “proximal behaviours” are indicative of the need for an increased level of supervision and should be taken into account in the victim safety plan.

Careful consideration should be given when exposing the offender to members of staff, other offenders, and visitors to the institution. Caution should be taken when assigning members of staff to offenders who have an aversion to individuals of a particular sex or with particular characteristics. Similarly, child sex offenders should not be exposed to young children during visiting times. Vulnerable persons (e.g. those with mental disorders or learning disabilities) in secure settings should be monitored closely and segregated from forensically more aware and callous peers. Women in secure forensic facilities may be particularly vulnerable due to the prevalence of physical and sexual abuse in this population.

Some general measures to be taken to minimise the risk which a serious offender may pose to staff and other inmates or patients include:

- not placing such a prisoner in a shared cell;
- if such a prisoner must share a cell, select their cell mate carefully;
- ensuring that the offender has a personal officer or key worker with whom he or she has developed a good relationship, who can monitor the offender for any attitudinal or behavioural changes;
- checking correspondence and searching the prisoner’s cell or patient’s room frequently;
- ensuring that the prisoner or patient’s time is occupied with pro-social activities and offending behaviour programmes; and
- assessing the suitability of the material that the offender has access to such as books and films.

Scenario planning

Each member of staff working with an offender should be aware at all times of the risk that this individual may pose. Situation specific scenario planning (see Risk Formulation Linking Risk Assessment to Risk Management section) can assist this process by engaging the practitioner in consideration of several possible future eventualities.

Returning to the case example above, one can consider James’ propensity to respond violently to what he often misinterprets as rejection. How might this translate to a secure setting? He may try to establish a “special” relationship with a female member of staff (e.g. prison officer, nurse, education staff, social worker, psychologist) and become convinced he has made an impact on them, make comments to that effect and deal badly with any perceived rejection. Thus, an offence situation arises that mirrors his prior offending. The consequences should be less severe, but this may not be the case. He may make spurious complaints against the individual or threaten the individual with harm. Alternatively, he may commit a violent act against the individual and/or take the person hostage.

The safety plan should be informed by the most plausible scenarios and adapted on a frequent basis in response to any changes in the offender. Individual members of staff working with an offender like James would have to be very clear about the treatment boundaries to avoid any “misinterpretation” of the staff/offender relationship. If this was ineffective, the individual should be replaced with another member of staff.
Similar to safety planning in a community setting, safety planning in institutions should be an ongoing process, with the goal of increasing the ability of individuals involved with the offender to evaluate changes in risk and to modify the victim safety plan accordingly. Close monitoring and supervision will disclose behavioural changes which are indicative of elevated risk, for example, dysfunctional sexual attitudes, negative attitudes to women, attempts to bully or control others, aggressive behaviour, or an increase in psychotic phenomenon. Effective monitoring and clear, swift communication of early warning signs are essential, so that risk management strategies may be reviewed and future victimisation prevented.

**Personal safety plan**

Each member of staff coming into contact with offenders should be issued with a personal safety plan which has been developed for the particular institution. A personal safety plan offers a series of guidelines which are designed to increase the ability of the victim to protect himself or herself. In addition, staff members should be offered regular training on safety issues to reinforce previous knowledge and address new developments. Regular training will also help prevent individuals from becoming “desensitised” to the level of risk posed.

**PROCEDURE**

**CO-ORDINATING RISK MANAGEMENT STRATEGIES**

The RMP will have a Schedule of Contact *(see the form of the RMP)*.

Where home visits form part of the RMP, there will be a combination of announced and unannounced. Unannounced visits will not be communicated to offenders in advance, but they will be laid out in the plan. Offenders should be made aware that unannounced visits will occur during their supervision.

Monitoring and other checks of compliance and behaviour (e.g. verifying information and attendance) should be done frequently, and at irregular intervals.

The risk management team should have an overview of all visits and contacts with the offender undertaken by all of the agencies involved. This contact should be coordinated to ensure that:

- contact occurs on different days of the week;
- contact occurs at different times of the day;
- extensive blocks of time, where the offender has no contact with any agency involved in their management, are kept to a minimum;
- there are no conflicting appointments or other contact requirements that the offender cannot reasonably meet; and
- contact occurs as agreed.
Example

If you have appointments on every second Monday at 9 am – your detection of non-compliance, your knowledge of the offender, your supervision, your receptiveness for detecting early warning signs (acute dynamic risks) will be limited by what the offender’s behaviour, attitude, demeanour, situation is on a Monday morning. A predictable schedule of contact also increases the risk of deceptive behaviour, and it going undetected.

- Good mix of announced and unannounced visits (planned but unannounced) – spread over different days and times of day.
- Contacts of all agencies spread over time – leaving as few long gaps as possible.
- Contacts made on different days and different times of day (all visits on a Monday – this will only show what the offender is typically like on a Monday – or all visits early in day, etc.).

PLAN

Evidence the attention to the above principles, practice and procedure in the appropriate sections of the RMP.

Check if:

- there is range of supervision strategies;
- there are monitoring strategies closely linked to behaviour and events that are understood to be early warning signs;
- a victim safety plan has been developed as appropriate;
- weaknesses in risk management strategies have been entered into contingency plan;
- a contact schedule has been completed; and
- all members of the risk management team are clear of their roles and responsibilities in the various strategies.
GUIDELINES:
ACCOMMODATION
5. ACCOMMODATION

*The Lead Authority and partner agencies will use their best endeavours to ensure that their representatives are equipped and resourced to meet the following standard, with due regard to the following guidelines.*

The Lead Authority will ensure that appropriate accommodation is identified for offenders in both secure and community settings.

Identified accommodation must be subject to an evaluation of the:

- risks posed by the offender; and
- risks posed to the offender.

Suitable housing, which should not include temporary accommodation, will be identified at least six weeks prior to the release or discharge of an offender into the community.
PRINCIPLES & RATIONALE

As a protective factor, suitable, stable accommodation is essential to the risk assessment and management of offenders and requires to be addressed from the three different perspectives i.e. pre-release, within a secure setting, temporary home leave and post release, within the community setting.

The choice of accommodation for offenders subject to an OLR is made in the context of, and supported by, risk assessment. To ensure that those subject to such an Order are assigned appropriate accommodation, any proposed address in the community must be risk assessed.

Barkley and Collet’s (2000) review of the role of the probation service in supporting and managing offenders in the community drew the conclusion that stable accommodation plays a significant part in addressing the dynamic risk factors associated with further offending, and enables offenders to benefit from supervision and other subsequent forms of intervention or treatment.

Providing stable and appropriate accommodation allows practitioners to assess and manage risk within a set environmental context and is an important operational concern in both secure settings, when deciding on which institution, ward or hall and also in community settings, when deciding on suitable locations and support levels in housing.

The Report of the Expert Panel on Sex Offending, ‘Reducing the Risk: Improving the Response to Sex Offending’ (the Cosgrove Report), called on the Scottish Executive, Scottish Homes, local authorities and the Scottish Federation of Housing Associations (SFHA) to develop a national accommodation strategy to assist the management of sex offenders in the community. It was recommended that the strategy should be based on the key principles articulated in the guidance issued by the Chartered Institute of Housing in Scotland (CIH) in April 1999.

As such, the National Accommodation Strategy for Sex Offenders in Scotland (NASSO) provides guidance and information regarding the accommodation or housing needs of sex offenders in community and identifies Sex Offender Liaison Officers (SOLO) within the relevant housing areas. Where appropriate, the SOLO will prove to be an important link between the Lead Authority and housing providers. Local authority housing providers and Registered Social Landlords have a duty to co-operate with the Lead Authority in their role in the provision of accommodation and as such should, where appropriate, be involved at the earliest stage in order to identify and/or resolve accommodation issues. Although not all offenders subject to an OLR will be sexual offenders it is envisaged that the NASSO will have an impact on the provision of accommodation for both violent and sexual offenders.

It is essential that all decisions relating to accommodation which plays a pivotal role in the risk management of offenders are transparent, defensible and proportionate and that those involved in such decisions are identified and recorded in the RMP at the earliest possible opportunity. Therefore, when managing an offender in either the secure or community setting, the Lead Authority will evaluate and allocate the address at the planning stage and fully incorporated into the risk assessment and management plan.

40 Recommendation 52 of the Cosgrove Report
PRACTICE

Knowing what the offender’s situational and environmental context will be allows for a more informed and comprehensive RMP to be formulated. A robust strategy which includes a thorough examination of all existing information held by all the key agencies involved in accommodating the offender in the community must be conducted within the multi-agency format, so that no single agency is working separately, but that all are working together, to ensure that the safest option available is identified and appropriately managed within the community.

The Lead Authority will ensure that appropriate accommodation is identified in each circumstance and an accommodation strategy composed. This will entail identifying where the offender will reside and how the offender will be managed within the community in relation to both the placement of the offender and the community response.

In accordance with this, identified accommodation must be subject to an evaluation of both the:

- risks posed by the offender; and
- risks posed to the offender.

Irrespective of the offender’s placement a full assessment of the identified accommodation must be undertaken by the Lead Authority, subject to the multi-disciplinary consideration coupled with an assessment of the risk posed within the environmental and situational context. For example, information gained from police, social work and health sources may still be pertinent within the prison or secure setting. Similarly prison staff will have important information in relation to associates of the offender, response to supervision or intervention, etc.

The risk management team must therefore consider how the particulars of the environment or situation inherent to a particular location, whether it is a specific ward, room or community address, might increase or decrease an offender’s risk. Whilst it is impossible to identify housing or accommodation that eliminates risk, the allocation should represent the safest option available in relation to each individual offender and their needs.

Once the accommodation has been allocated the risks identified as part of this environment, both those likely to increase and/or decrease the risk of re-offending should loop back into the ongoing risk assessment. This will allow the risk management team to develop and/or adapt the RMP accordingly.

As previously stated, it is essential to the RMP that the assessment or evaluation of accommodation is transparent and proportionate having been tailored to the needs of the individual and the community setting in which he or she will be managed, with all decisions clearly defensible, monitored and reviewed on an ongoing basis for any significant changes that may influence risk.

PRISON AND SECURE CARE

Although this is within the context of a more secure, controlled environment an evaluation of the offender’s address is still necessary and will impact on the management of the offender and future intervention or treatment plans or options.
Consideration must be given to where the offender will be accommodated in terms of a particular room, ward or hall, etc. with cognisance taken of any special arrangements that are in place such as CCTV, staff observation, own room or shared facilities etc. Similarly attention to peer group, staff and visitor safety as well as the safety of the offender must be addressed. For example, a male offender with convictions for rape should not be placed in the position where he has access to or solitary contact with female staff, peers or visitors.

**TEMPORARY HOME LEAVE, RELEASE OR DISCHARGE IN A COMMUNITY SETTING**

When consideration is being given to allow temporary home leave or to discharge the offender into the community setting, it is essential that the environmental and situational context is fully considered in determining the suitability of the identified accommodation. This must be assessed in terms of both the physical locality of the accommodation and also the broader community setting, which may be highly relevant in judging how the offender will fit into the community and how the community in general will respond to the offender.

Although the element of risk cannot be fully eliminated a thorough evaluation and profile of the proposed accommodation can, if correctly addressed, prevent the escalation of risk by mitigating the negative influences. For example, by placing a known violent offender whose risk escalates in relation to sectarian issues in accommodation situated in an area known to have an affinity to a particular religion, whether similar or contrary to the offender’s own beliefs, could create a pre-occupation with the negative impact factors, escalating the risk the offender presents. Similarly the selection of accommodation could build on protective factors. For example, an offender who is subject to a home curfew could be placed within accommodation that has a CCTV system in place and a concierge.

The risk assessment of the identified accommodation must be completed at least six weeks prior to the offender’s release, irrespective of whether this is temporary home leave or pre-release into the community. In order to ensure that a full assessment and evaluation has been completed it is recommended that the issue of accommodation is addressed three to four months in advance of this date so that the completed community management strategy of where and how the offender is to be managed is complete and incorporated in the RMP six weeks prior to release.

If the offender wishes to return to private accommodation that is owned by the offender or family of the offender and this is deemed unsuitable, for whatever reason, the necessity and proportionality must be ensured and any decision made must be defensible and clearly evidenced within the RMP. If, as a result, the offender is to be re-housed within an area unfamiliar to him or her then consideration must be given to the effect social isolation may have on the offender and any subsequent impact this may have on the risk posed by them. Again, the effect of such isolation must be considered and incorporated in the RMP.

When addressing the issue of victim proximity, in particular in respect to previous victims, you must remember that they will have been made aware of the impending release of the offender themselves. This must be considered when addressing the issue of suitability in relation to accommodation as this may give rise to the possibility of a vengeance attack or retribution by the victim or their family and may also result in intensive media interest, the outcome of which may be the disclosure of the offender’s whereabouts. This consideration should be included in the scenario planning and the relevant response outlined within the management plan.

Similarly, the offender’s whereabouts and previous offending behaviour may become known within the broader community via media interest, local knowledge or unlawful disclosure. It may be prudent at the outset to prepare a contingency plan to deal with the above or similar scenarios arising.
In such circumstances it may be any member of staff from any of the key agencies who first realises that such information has become public and the potential problems that this may cause. Although it is the responsibility of the police alone to respond to and manage any criminal activity, group disorder or vigilante action etc., each of the agencies involved in the offender management should be aware of any volatility in relation to the offender’s living environment and respond in accordance with their local protocol.

**In response, although each situation will vary greatly, the Case Manager in consultation with police, social work and local authority housing should identify suitable, safe, alternative, emergency accommodation in response to this and the Duty of Care to the offender.**

Whilst emergency or temporary accommodation should not be used, there will be exceptional circumstances, within rural locations for example, when an immediate solution is required for the safe and temporary transfer of the offender. Such instances should only arise when the offender’s identity and offending history have been disclosed to the larger community and have resulted in a negative response placing the offender at immediate risk. An example of this may be an offender living within an island setting where resources such as housing and social work may not be accessible late on a Friday evening.

Should such an occasion occur it is equally as important that a full evaluation of any emergency or temporary accommodation be conducted prior to placing the offender there, irrespective of the time constraints. For example, in the above scenario, DSS bed and breakfast accommodation may be the only available option. However, such accommodation may already be housing vulnerable single parent families fleeing domestic violence.

The suitability of any identified accommodation must be evaluated and assessed in relation to both the immediate locality and the broader community context. Whilst the list is not exhaustive, the following are relevant considerations in relation to address or accommodation suitability.

- Where is it situated in relation to past victims?
- Where is it situated in relation to future potential victims, i.e.
  - Is it within a block of flats or are there adjacent properties?
  - Are there any vulnerable families etc. already housed at this location?
- What other offenders are housed in the area?
- Are there any past or potential criminal associates?
- Where are the offender’s family and/or friends if applicable?
- How is the property accessed, i.e.
  - Can the offender move about freely without detection?
  - Is it close to disused properties, alleyways or wasteland?
- Is it overlooked or secluded?
- Is the area populated or rural?
- Is there adequate lighting, CCTV and if applicable, a concierge station?
- What local amenities is it close to? (e.g. schools, leisure centres, parks, play areas, internet cafes, woods)
- Does it offer access to services such as employment, police station, social work offices, GP, benefits office?
In order to avoid any vulnerable, potential victims being placed next to an offender accommodated in the community, it may be appropriate to ‘flag’ or identify this address discreetly within the local housing authority. It is essential that strategies include this possibility, whilst at the same time avoiding disclosure of offender’s personal details to unauthorised parties.

Although accommodation is an essential strategy of offender management, consideration can be given to the provisions of Sex Offences Prevention Order or Risk of Sexual Harm Order coupled with surveillance, to further enhance the reduction of risk posed by the offender within the community.

**Once a full evaluation of the accommodation has been conducted, the Case Manager must clearly evidence the decisions made within the RMP and thereafter closely monitor the situation to ensure any significant changes are immediately identified and addressed. These may well be difficulties already identified by the scenario planning or alternatively may result from an unforeseen change in circumstances. In either respect they must be risk assessed and a revised accommodation strategy incorporated into the RMP. At the very least there will be an annual review of the RMP which must incorporate any issues identified in relation to accommodation.**

**PLAN**

Evidence the attention to the above principles, practice and procedure in the appropriate sections of the RMP.

Check if:

- potential accommodation for the offender is identified;
- a full multi-agency evaluation of the address identified in relation to the risk posed by and to the offender has been conducted;
- any positive or negative impact factors in respect of the address are identified;
- a contingency plan in response to the offender’s whereabouts becoming known to the community is identified;
- all decisions within the RMP are evidenced;
- application of risk management functions, agencies and methods are proportionate to identified risk; and
- role and responsibility of each agency in relation to the accommodation is detailed.
GUIDELINES:
RESPONDING TO CHANGE
6. RESPONDING TO CHANGE

*The Lead Authority and partner agencies will use their best endeavours to ensure that their representatives are equipped and resourced to meet the following standard, with due regard to the following guidelines.*

To ensure the continuing suitability of the plan and the ability to respond timeously and effectively to any material change in the risk that the offender presents, the Lead Authority will engage in ongoing assessment and evaluation of the risk management strategies implemented and review the offender’s progress.

Revisions of the strategies will be recorded in the RMP and communicated to the appropriate parties in a timely manner.

Any material change in such risk requires that a revised RMP be timeously developed and submitted to the RMA.

Where a perceived change in such risk suggests a decrease in the level of restriction of an offender, a further risk assessment must be carried out by a suitable person who has not been previously involved in the assessment or supervision of the offender nor should he or she have been involved in carrying out interventions or treatments with the offender. No such decrease shall be implemented without the written approval of the person carrying out such further assessment.
PRINCIPLES & RATIONALE

In order to ensure the appropriate risk management of an offender over time, there must be a range of mechanisms in place to check that the risk management strategies used by teams remain appropriate and are adequately addressing the identified risks.

Figure 5: The planning cycle
As previously noted (see Risk Management Strategies section), change is a process that unfolds over time through a series of stages: pre-contemplation, contemplation, preparation, action, maintenance and relapse. Within the Stages of Change Model, motivation for change progresses, regresses and fluctuates from one stage to another and can vary according to an individual, time and situation.\(41\)

Models of the different phases that individuals go through when faced with change suggest that practitioners should tailor their approach to coincide with the offender’s current stage. For example, offenders in the action stage may require more clinical interventions to build the cognitive and behavioural skills (e.g., understanding of own behaviour, steps to change the behaviour, and identifying triggers of potential relapse) to facilitate a crime free lifestyle. Conversely, the offender in the pre-contemplation stage does not recognise that he or she has a problem and would require services directed at ‘readiness for change’.

Practitioners should not treat offenders in the pre-contemplation stage as though they were in the action stage and expect them to respond. A more realistic goal is to use stage-matched interventions to help offenders to progress a stage. Undoubtedly, work with offenders creates a sense of urgency in that violence and other criminal behaviours must be stopped. However, it is evident that assisting an offender to progress one stage in one month can almost double their chances of taking effective action by six months.\(42\) Essentially, each stage requires different tactics and skills; resistance to change is often the result of the application of an intervention at an inappropriate stage.

Gordon and Wong’s (2004) 3-phase model of treatment delivery\(43\) (Figure 5) illustrates the process of matching the offender’s position in the cycle of change to appropriate treatment interventions. In each of the three phases, participants and treatment deliverers have different tasks and objectives:

Phase 1 is focussed on assisting the client to develop insight into past patterns of violence, on identifying intervention or treatment targets, and on developing therapeutic or working alliance. Motivational interviewing techniques\(44\), which should be used throughout the programme, are particularly important in phase 1, and are essential to engage resistant clients in interventions or treatment.

Phase 2, which is mainly action or skill acquisition oriented, focuses on helping participants to acquire the relevant skills to restructure negative thoughts, feelings and behaviours associated with offending behaviour.

Phase 3 focusses on relapse prevention strategies and the generalisation of skills across situations and to the community.\(45\)

The Pre-contemplation, Contemplation and Preparation stages are located in phase 1; the Preparation and Action stages in phase 2; and, the Action and Maintenance stages in phase 3. The three phase model integrates the intervention or treatment readiness of the client with the therapeutic approach of the practitioner into a “road map” to provide guidance to both client and therapist throughout the intervention or treatment process.\(46\)

\(41\) Prochaska & DiClemente (1982)
\(42\) Prochaska & Levesque (2002)
\(43\) Gordon & Wong (2004)
\(44\) Miller & Rollnick (1991)
\(45\) Wong & Gordon (in press)
\(46\) ibid
FIGURE 6: THREE-PHASE TREATMENT DELIVERY MODEL
VIOLENCE REDUCTION PROGRAM, FACILITATOR’S MANUAL

PHASE 1
Looking in the mirror
- orientation to programme;
- assessment: finding out what needs changing;
- treatment process; and
- making changes & blocking changes.

PHASE 2
Breaking the cycle
- introduction to behaviour cycles;
- internal links to behaviour cycles: perceptions, thoughts, feelings;
- external links to behaviour cycles, managing other high-risk situations; and
- offence cycles.

PHASE 3
Relapse Prevention Planning
- forming “positive connections”;
- developing a relapse prevention plan; and
- coming to the end of treatment.
FACILITATING CHANGE

The better prepared staff is to identify an offender’s current stage, the better the supervision plan will be able to meet the needs of the offender. The overall goal of supervision is to progress offenders to a point where they are committed to an action plan aimed at changing behaviour. This process can be facilitated through pro-social modelling and the use of motivational interviewing techniques. These techniques should be practiced with sensitivity and skill.

The Case Manager should promote positive movement through the stages of change.

Pro-social modelling involves that practice of offering praise and reward for [individuals’] pro-social expressions and actions…“47 Pro-social modelling has been shown to increase levels of compliance with supervision programmes as well as reducing offending rates.

Motivational interviewing48 is an approach designed to assist individuals in reaching a decision to change. This technique has been developed in the field of addictions and has not been validated specifically on offenders. However, there exists sufficient overlap between the two groups to make this a worthwhile approach in the pursuit of behavioural change with offenders: similar to addictive behaviour, persistent offending is characterised by the pursuit of short-term gratification at the expense of long-term harm.

TYPES OF CHANGE

Risk will fluctuate at varying times in the life of the offender and risk management must be flexible enough to take account of this. There are four key types of change which will have an impact on a team’s ongoing assessment of the risk posed by an offender. These are:

- Dynamic nature of risk – changes in the offender:
  - change in the offender’s personal life circumstances; and
  - changes in observed behaviour.

Both formal and informal assessment must be ongoing. As the risk changes, so too must the strategies implemented to manage it.

The agencies involved in the risk management of the offender are responsible for the monitoring of acute, dynamic risk factors and also protective factors. It is crucial that there is a commitment by each agency and professional to alert the right people at the right time.

- This requires a clear understanding, by all parties, of:
  - what should be reported: what are the behaviours that are to be monitored, what are the warning signs to look for;
  - to whom it should be reported;
  - agreed timeframes for alerts;
  - set channels and modes of communication; and
  - planned responses.

47 Trotter (1993)
48 Miller & Rollnick (1991)
Dynamic nature of risk – the offender’s progress:
• interventions (having effect, effect degrading, supervision levels changing);
• achievement of short term goals; and
• changes in the management of the offender, case transfer.

Short and medium term goals will be set as part of the planning process. These should include a statement of the desired outcome and how the team intends to achieve it, as well as information about responsibilities, delivery and target or review dates. These goals will contribute toward the longer term vision the team has for the management, progress and journey of the offender.

This should be monitored, measured and recorded throughout the life of the plan and not just at set periods of review.

Evaluation of risk management strategies:
• evaluation should be regular and systematic to ensure that the right strategies are being used and having the intended impact; and
• where strategies have been evaluated and found to be insufficient, irrelevant or ineffective.

New information
The emergence of new information may not mean a change in the actual risk posed but rather provides an improvement in how much the team knows about it. As an offender’s management progresses, it is likely that further information will emerge which can be used by the team to better inform the risk management of that offender.

This might include historical information that comes to light about the offender’s personal history, medical history, past offences etc. There may also be information that is derived from the team’s direct experience of the offender’s abilities, strengths, and weaknesses or their response to treatments and interventions.

All this information must be captured, recorded and communicated in a timely and meaningful way so that all of the available information is put to best use by the professionals who need it. Most new information will require some corresponding action. If the new information is seen to impact upon the risk assessment, in terms of highlighting a new risk factor, a new protective factor or a new early warning sign etc., the team should review the risk assessment and incorporate the findings into all appropriate sections of the plan.

The Case Manager will:
• co-ordinate the preparation and implementation of the RMP.

Change which requires amendment to the plan would trigger the process whereby Lead Authorities resubmit the plan to the RMA for approval.
DYNAMIC NATURE OF RISK: MONITORING FOR CHANGES IN THE OFFENDER

The general strategy for monitoring change in the offender involves identifying those behaviours which are related to the individuals offending cycle (i.e. static, stable dynamic and acute dynamic risk factors), and monitoring for similar instances of behaviour throughout the period of supervision. Effective monitoring is underpinned by a clear understanding of the individual’s offending patterns (see Risk Formulation Linking Risk Assessment to Risk Management section). The individual risk formulation provides the basis for deciding which monitoring systems are required, which behavioural observations need to be made, and the behaviours, events and other indicators which may constitute early warning signs for the individual.

The presence of early warning signs can be utilised as an opportunity to intervene in an effort to prevent re-offending, or to take action to protect victims. The identification of early warning signs relating to a particular offender should also be guided by the research which offers general early warning factors which appear to be prevalent in a particular set of offenders. Whilst the risk formulation for the individual provides the basis for monitoring change, variations in the individual’s normative behaviour may also constitute early warning signs.

Accordingly, the following eight areas of acute dynamic functioning should be assessed (see Risk Management Strategies section) at each meeting with the offender:

- co-operation with supervision;
- social environment;
- hostility or affinity towards particular individuals or groups;
- substance misuse and medication;
- social support;
- emotional state;
- physical state; and
- victim access.

In addition to the areas outlined above, the Case Manager should attempt to identify and respond to factors that are unique to a particular individual.

A careful assessment of the offender’s progress should be conducted at each appointment, examining each of the following areas:

- progress related to the RMP;
- increase in the offender’s risk of re-offending (early warning signs);
- other factors that may affect the intensity of each dynamic risk factor (e.g. changes in personal situation and health);
- changes in protective factors (i.e. breakdown or weakening of these factors);
- new dynamic risk factors for which intervention may reduce the risk posed and/or improve the offender’s reintegration into the community;
- new protective factors;
> any violation of the requirements of the supervision programme as outlined in the behavioural contract; and
> other relevant information concerning the offender’s behaviour and performance in the community.

In addition to the areas outlined above, the Case Manager should endeavour to re-assess the offender’s motivation in order to establish their propensity for change.

The criteria for reassessing motivation are:

> recognition that a problem exists with lifestyle, behaviour and resulting consequences;
> level of comfort with problem and its impact on the offender’s life;
> level of feeling of personal responsibility for the problem(s);
> willingness to change, i.e. expression of wish to change, or of intention to fully participate in a management plan;
> possession of skills and knowledge required to effect change in behaviour, i.e. is ready to change; and
> level of external support from family, friends or other community members.

The motivation can be assessed as:

LOW

Offender strongly rejects the need for change and/or is unwilling to participate in recommended programmes or other interventions.

MEDIUM

Offender may not fully accept overall assessment but will participate in recommended programmes or other interventions.

HIGH

Offender is self-motivated, will actively address problem areas.
The table below illustrates those areas of an offender’s profile that are amenable to change and where progress may indicate a change in the balance of risk management activities, for example, as self-risk management and response to treatment or intervention improve, a corresponding reduction in supervision or other restrictive activities may be indicated. Conversely, a decline in one or more of these areas may necessitate an increase in supervision or other restrictive activities. As highlighted in the table below, motivation for change and the corresponding effect on intervention or treatment efficacy progresses, regresses and fluctuates over time and can vary according to an individual, time and situation. The RMP should be responsive to change in accordance with the offender’s current status in the areas outlined below.

<table>
<thead>
<tr>
<th><strong>Self-risk management ability</strong></th>
<th>No insight or denies offending. No motivation to change. Lacking in self-control.</th>
<th>Minimises offending but some limited insight and wants to change.</th>
<th>Good insight. Learning early warning signs and strategies for managing own risk.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment or interventions</strong></td>
<td>None undertaken. No engagement in process. Resistance.</td>
<td>Limited participation. Refusing some interventions/treatments or poor performance.</td>
<td>Engaging well in interventions/treatments and committed to intervention/treatment goals.</td>
</tr>
<tr>
<td><strong>Protective factors</strong></td>
<td>No evidence of internal or external protective factors.</td>
<td>Some evidence of stability and making plans for the future that will protect self from future relapse.</td>
<td>Good relapse prevention planning with focus on practical activities needed to achieve this.</td>
</tr>
</tbody>
</table>

**DYNAMIC NATURE OF RISK: INFORMAL ASSESSMENT**

Informal assessment occurs via every interaction and action by all those involved in the risk management of the offender:

- being aware of early warning signs;
- being aware of the behaviours to monitor to look for changes in levels of risk; and
- seeking, identifying and communicating new information.

The actions and attitude of the risk management team and others involved in the management of the offender should reflect the concept that there are no spurious or silly concerns so as to encourage as much reporting as possible.

Any areas of concern should be communicated immediately by the Case Manager to all members of the risk management team. If areas of concern are identified by a member of the risk management team other than the Case Manager, the information should be relayed immediately to the Case Manager.
The maintenance of good communication systems within and between agencies and services involved in offender management is essential. Any areas of concern should be discussed by the risk management team prior to a decision being reached regarding any subsequent action.

**DEALING WITH NON-COMPLIANCE**

All violations of the supervision order require swift and consistent responses. Timely detection of non-compliant behaviour and equally timely imposition of appropriate sanctions are essential for effective case management. Caseload ratios should remain low enough to monitor offenders closely and respond quickly to signs of trouble.

Any apparent failure to comply with the conditions of a licence must be followed up and investigated by the Supervising Officer and an explanation sought from the offender. Where the explanation for the failure to comply is unsatisfactory, the Supervising Officer will require to determine what action to take. In determining what the appropriate action to take is, the Supervising Officer will wish to consider:

1. the seriousness of the failure to comply;
2. the stage in the licence at which failure to comply occurred (NB. Failures to comply during the first 3 months of a licence should be regarded particularly seriously);
3. the general degree of compliance to date;
4. the offender’s general level of co-operation to date;
5. how well is the offender resettling into the community; and
6. what action has been taken on any previous failure to comply with the licence requirements.

Responses should be proportionate to the seriousness and persistence of detected violations and the risks posed by the offender. Accordingly, low level responses (e.g. warnings and increasing drug testing) should be imposed for violations that involve minimal harm and little risk to the public. In the event of more serious violations, it may be necessary to restructure the conditions of supervision to tighten control (e.g. more announced and unannounced visits) or strengthen interventions (e.g. psychological, psychiatric, or social treatment). Very serious violations would necessitate swift action to instigate revocation and return to prison.

**DECREASED SUPERVISION**

‘Decreased Supervision’ in this section will mean a reduction in scope, level, quantity, content or intensity of any risk management strategy.

Those responsible for managing offenders in the community should bear in mind that offenders subject to an OLR will always be supervised and the combined effect of internal plus external controls should always be sufficient to manage the risk posed by the offender.

Offenders subject to an OLR will not normally be eligible for consideration for decreased supervision in the first year of their community-based management. There may be some circumstances where decreasing supervision might become appropriate in the first year, for example where a protective factor such as physical incapacitation has come into existence.

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Decreased Supervision should only be considered where the offender has shown:

- sustained and significant progress;
- an ability to implement self-risk management strategies; and
- positive response to and compliance with all aspects of supervision and intervention.

It should be noted that this significant progress should not exist simply in the form of completing a programme or even completing with good participation. When the offender is noted by the team to have made ‘significant progress’ in the area of one or more identified risks, the group may, if warranted, wish to begin thinking about instigating a gradual process of decreasing restrictions (e.g. levels of supervision, etc.). It is essential that progress and other positive qualities demonstrated should be sustained over a substantial period of time and be supported by evidence from reliable sources.

**PROCEDURE**

A review of the offender’s case management should be conducted at regular intervals and be subject to RMA approval annually.

Robust case management and regular case review is required both to ensure the effective implementation of the preventive action plan and the detection of early warning signs and periods of critical risk and the successful implementation of planned responses to these (contingency action plan). The following sections set out procedures and activities which are required in order to respond to changing risk. These are:

- review of progress;
- evaluation of risk management strategies;
- formal case review;
- decreased supervision; and
- case transfer.

**REVIEW OF PROGRESS**

The risk management team should identify, at the point of drawing up the plan, means of measuring the progress of the offender. Such measures should be individualised and considered in the context of the offender’s risk (risk factors, protective factors, etc.). Monitoring is one of the primary means by which progress is measured – the behaviours to be monitored and their measurement need to be made explicit to all members of the team.

Shorter-term goals may be set by the risk management team if required and the timescales for these should be built in and followed up as part of the review process.

Reviews of the progress should consider both positive and negative indicators and should be held regularly during the year.

The standing agenda of risk management team meetings should include a section on progress. The collation of this information can be used at a later stage, along with any records of concern, to inform considerations concerning decreased supervision.
Measures of progress should detail the source of the information (e.g. verbal, written, report, email etc – and from which agency, and whom) and assign weight or comment to the reliability and meaning of such information.

**The Case Manager should seek feedback from service providers at the following points:**

- after first contact (first day, first session) with service provider;
- at specified intervals thereafter (where there are no concerns, etc.);
- at key stages in the programme or service itself (e.g. end of module, assessment points, changes in service, etc.); and
- at any point where the Case Manager feels it necessary to garner feedback or information regarding progress.

**Service providers (and other agencies) can instigate additional contact with the Case Manager to feedback information, concerns and progress at any point.**

Written progress reports should be sought from service providers:

- at key stages in the programme or service itself (e.g. end of module, assessment points, changes in service, etc.);
- at the end of the programme;
- at any other additional point requested by the Lead Authority or Case Manager; and
- at any other additional point considered desirable or necessary by the service provider or other agency.

Feedback needs to be from all areas of activity. Sometimes the most useful information comes from those environments where the offender believes he is not being watched. For example he may behave very appropriately on a sex offender treatment programme, but make inappropriate comments in other settings.

In addition, if a programme runs longer than three months written progress reports should be sought at regular intervals, for example at the three, six and nine month points. Focus should be on whether the goals set by the team in the RMP have been met.

**EVALUATION OF RISK MANAGEMENT STRATEGIES**

The review of the Preventive Action Plan should also include an evaluation of the strategies implemented. Such a review should examine:

- the status of the intervention in terms of accreditation and/or programme integrity, etc.;
- whether the strategies are still relevant, sufficient, proportionate, etc.;
- whether they have been implemented as intended;
- whether they had the intended effect in terms of meeting the goals set out in the RMP, i.e. the positive or intended outcomes are apparent;
- whether there have been any negative effects. How this is demonstrated or evidenced;
- whether the strategy should be continued or discontinued;
- whether the strategy should be amended in some way;
whether the considerations of risk regarding the interventions still valid; and

now that the impact can be more readily seen or anticipated, whether this is sufficient (combined with other strategies) to address the risk factors.

The evaluation might incorporate the following:

- the offender’s progress (as measured and recorded);
- supervising officer’s or supervising team opinion on the value (improvement demonstrated by offender) after participation in programme;
- the service provider’s opinion of the value the offender and/or the community is receiving via involvement in the programme;
- the offender’s opinion of the worth or value of the activity to them; and
- the offender’s wish to continue or discontinue.

FORMAL CASE REVIEW

A review of the case management aspects of the RMP should be undertaken every 6 months or sooner if there are significant areas of concern.

The Case Manager should prepare the relevant documentation for discussion at the OLR risk management team meeting, where all the agencies and professionals involved have the opportunity to review the implementation of the plan over the past six months. In particular, teams should examine any short term goals with scheduled target dates that have passed since the last review.

The risk management team may feel it is necessary or desirable to conduct a case review after one month, following a case transfer. Such a review will examine:

- service agreements (responsibilities fulfilled, communication (written and verbal), content still relevant, etc.);
- schedule and prioritisation of risk management strategies (are the priorities still correct, is the schedule going according to plan, document any changes, delays, etc.);
- whether what is laid out in the plan happening. Supervision levels, visits, unplanned, etc.; and
- whether the appropriate activities, including reports, etc. being undertaken by the right people at the right time and being communicated successfully.

Formal and recorded reviews will be held at regular planned intervals and as needed. Review will be multi-disciplinary and involve gaining written reports from all programmes and services about progress.

The standing agenda of risk management team meetings should include a section on progress. The collation of this information can be used at a later stage, along with records of concern, to inform considerations concerning decreased supervision.

Measures of progress should detail the source of the information (e.g. verbal, written, report, email, etc. – and from which agency, and whom) and assign weight or comment to the reliability and meaning of such information.
**DECREASED SUPERVISION**

Where reduced supervision is considered appropriate, the key reasons that led to this decision should be recorded and monitored. Should any factor that was relied upon as evidence of progress in decreasing supervision deteriorate or become void, the reinstatement of the original supervision levels should be considered.

The decision to decrease supervision should be reached via a consensus within the risk management team and via considered input from other agencies dealing with the offender.

Decreased supervision should be introduced via a revised written agreement with the offender, whereby the new levels of intervention or supervision are trialled and conditions are required to be met, if this decreased level of supervision is to be continued following a trial period of, for example, three or six months (at the discretion of the risk management team). Any breach of any condition will mean the new decreased level is voided and the offender returns to the previous levels for a period of at least another twelve months before consideration for decreased supervision takes place again.

Contingency actions should be drawn up around failures under the new supervision and other conditions, and these details should be added to the contingency section of the risk management plan. The strategies mapped to each identified risk factor will change in line with the new levels of supervision or intervention.

Changes should reflect a gradual and manageable change, which will be monitored closely and reviewed formally by the team at the end of the trial period, where the decision will be made as to whether to continue with this level of supervision.

**CASE TRANSFER**

*Intra-agency*

The offender’s location may stay the same, but the team of professionals who constitute the risk management team may change.

- the Lead Authority must ensure that the relevant case notes, information, records and paperwork are transferred; and
- any case transfers will require the submission of an amended plan to the Risk Management Authority for approval prior to the transfer.

*Inter-agency*

Transfers present significant challenges in terms of providing continuity of management. A Lead Authority or other agency that has been managing an offender for a considerable time will have developed a detailed working knowledge of the offender. It is essential that as much as possible of this information is passed on to the agency that will take on that responsibility. The successful transfer of an offender requires that not only documentation, but also knowledge, is transferred.

Transfer of an offender’s management may occur:

- between security levels or locations of hospitals and prisons;
- from a secure setting into the community;
from community back into a secure setting; and
from one community area to another.

It is anticipated that interagency transfers will require more meetings to achieve a smooth transition process. Arranging these meetings is the responsibility of the existing Lead Authority.

The information provided to the recipient of an interagency transfer (including release or discharge into the community) should include:

- a list of any programmes or interventions that have been identified but not yet implemented;
- a list of programmes and other interventions which have been completed;
- progress and evaluative material regarding the offender’s participation and completion of programmes;
- records of incidents involving the offender;
- relevant medical records;
- previous (and current) risk assessments and risk management plans;
- offender history information; and
- clear detail of early warning signs, monitoring arrangements and outcomes of these to date.

The existing Case Manager must prepare community based health, intervention/treatment and other service providers to receive the offender, with the appropriate information available and the appropriate time to make the arrangements necessary to provide, as much as possible, uninterrupted service provision.

When a case is set to be transferred, the incumbent Case Manager should arrange to meet with the new Case Manager on a sufficient number of occasions to ensure that supervision, intervention, monitoring and victim safety planning strategies are replicated in the new location.

This will involve considerable liaison and joint working.

In the month before transfer, supervision contacts will be between offender, the current Case Manager and the new Case Manager. This allows the offender an opportunity to engage with the new person, promotes consistency and reduces the opportunity for manipulation.
Risk assessment identifies area to be addressed in risk management

Risk Management Plan

Treatment/Interventions/management strategies

- Implement appropriate treatment, e.g.:
  - Psychological interventions;
  - Offending behaviour programmes;
  - Medication; and
  - Work or educational placements.

Monitoring/Supervision

- Identify those responsible and plan appropriate level and schedule.
- Identify behaviours to monitor and how this will be done.
- Identify early warning signs.

Contingency Planning

- Set out the following:
  - Indicators, early warning signs; and
  - Who to contact in office hours, at nights and at weekends.
- Review on ongoing basis by risk management team to ensure details are correct.

Victim Safety Planning

- All staff involved from all agencies are aware of specific risks and limitations.

Review of Risk Assessment

- Set date and criteria to trigger early review of risk assessment.

No early warning signs in evidence.

ROUTINE REVIEW

Contingency action required:
Inform RMT and action as indicated in contingency plan.

URGENT REVIEW

Figure 7: The risk management process
REFERENCES


PART 2: FORM OF THE RISK MANAGEMENT PLAN
FORM OF THE RISK MANAGEMENT PLAN

INTRODUCTION

For every offender subject to an Order for Lifelong Restriction (OLR), there is a statutory obligation for a Risk Management Plan (RMP) to be prepared by the Lead Authority with responsibility for that offender. The RMP must be submitted to the Risk Management Authority (RMA), and approved within nine months of the date that the OLR was imposed by the Court. This will require the Lead Authority to first lodge the RMP with the RMA within seven months of the date the OLR was imposed by the Court; allowing two months for completion of the approval process.

The RMA has responsibilities to:

- specify and publish the form of RMPs;
- approve or reject RMPs;
- approve or reject amended RMPs; and
- consider annual reports on the implementation of RMPs.

The RMA also has statutory powers to:

- issue standards, guidance and guidelines (either generally or in a particular case) as to the preparation, implementation or review of any RMP;
- give directions to a lead authority and any other person having functions under the plan, as to the preparation of a revised plan; and
- give directions to a lead authority, or a person, as to the implementation of the plan.

An RMP will set out:

- an assessment of risk;
- the measures to be taken for the minimisation of risk; and
- the co-ordination of such measures.

The RMA has exercised its powers to publish Standards and Guidelines for Risk Management to which those involved in the preparation of RMPs must have regard.

This document specifies the form of RMPs, and details the content that will be necessary for approval. This document provides but does not dictate the precise format in which the necessary content is provided. Lead Authorities may have well functioning case management systems that facilitate the provision of such content, and it is acceptable to incorporate reports from such systems that provide the necessary content.

The document comprises two parts:

Part A leads the authors through the process of setting out the assessment of risk, the measures for minimisation of the risk and the co-ordination of such measures. The applicable period of the RMP will normally be one year unless ‘significant change’ requires an earlier amendment.
Part B seeks to provide a more dynamic ‘working’ tool for the risk management team, by providing a working interpretation of the RMP that is implemented, reviewed and updated as appropriate to the circumstances of the offender.

Each section of Parts A and B specifies the information that is required and offers a proposed model for presenting such information. The aim of this document is to facilitate defensible decision-making, and to ensure transparency of the thinking process necessitated by complex cases.

When requested to do so, RMA staff members will be available to provide guidance on the use of this document and the preparation of RMPs. However, the appropriateness, robustness and implementation of the plan and the risk assessment and management of the offender remain the responsibility of the Lead Authority.
ORDER FOR LIFELONG RESTRICTION

RISK MANAGEMENT PLAN

Part A

for (name of offender)

Date of Risk Assessment Order:
Date of Order for Lifelong Restriction:

Risk Management Plan for the Period

from: (start date) to (end date)

OFFENDER DETAILS

<table>
<thead>
<tr>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Address of Current Location:</td>
</tr>
</tbody>
</table>

LEAD AUTHORITY DETAILS

<table>
<thead>
<tr>
<th>Lead Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Case Manager</td>
</tr>
<tr>
<td>Telephone Contact</td>
</tr>
</tbody>
</table>
SECTION 1: COLLABORATIVE WORKING

With regard to Section 1 of the Standards and Guidelines, this section will evidence that:

- all relevant partners been recruited and established as an risk management team;
- a Case Manager been appointed;
- a substitute person been identified for the absence of the case manager;
- a senior manager been identified as Head of the risk management team;
- all contact details been recorded;
- initial risk management meetings been set;
- due regard has been paid to the health and safety of staff; and
- agreements for the timing and delivery of progress reports have been made.

This may be evidenced in the following or similar format.
OLR RISK MANAGEMENT TEAM

PARTIES INVOLVED (agencies and professionals)

- Insert name of Head of risk management team and name of organisation.
- Insert name of Case Manager and name of organisation.
- Insert name and organisation of other party.
- Insert name and organisation of other party.
- Insert name and organisation of other party.
- (add more as required).

Contact details for these persons must be provided at Annex 1.

DATES OF MEETINGS

- Insert date and type of meeting (e.g. pre-release, post transfer, review, etc.).
- Insert date and type of meeting (e.g. pre-release, post transfer, review, etc.).
- (Add other meeting dates as required).

*Minutes of all meetings must be attached to this RMP*

**Health and Safety Precautions**

Insert details of health and safety precautions which have been taken by the lead authority with regard to their own employees regarding working arrangements with the offender.

**Progress Reports**

Insert details for the mode, frequency and content for progress reports between parties in the risk management team.
SECTION 2: RISK ASSESSMENT

With regard to Section 2 of the Standards and Guidelines, this section will evidence a structured professional judgment approach and will set out a summary of the key information and findings of the risk assessment including:

- summary of key information from file and collateral review;
- offence analysis:
  - how;
  - why; and
  - when does serious violent or sexual offending occur.
- identified risk factors;
- identified protective factors;
- early warning signs, and the behaviours and events specific to this individual that require close monitoring; and
- objectives for risk management; and
- will conclude with a formulation or explanation of risk, that is the:
  - nature or the specific risks (e.g. sexual violence, violence, stalking, domestic violence, etc.);
  - severity of the harm should it occur;
  - victims;
  - frequency;
  - imminence;
  - likelihood of serious harm;
  - judgement as to the relative relevance of risk factors to violent offending. Which risk factors contribute to or support further violent offending (relevant) and which risk factors trigger or precipitate further violent offending (critical); and
  - judgement about how those risk factors interact over time, and in different contexts and circumstances.
Teams may wish to particularly consider the following indicators.

| Presence and significance of risk factors identified in risk assessment protocols (e.g. HCR-20, RSVP, LS/CMI, PCL-R) | Many (above median on protocols). | Below median but not significantly so. Or a few but more significant factors identified. | Few risk factors. |
| Level of Harm | Death, Serious injury, weapons used. Serious intent to harm. | No intent to commit serious harm, minor injury. Perhaps psychological trauma, threats but no action. | No physical assaults, no threats made but some psychological distress. |
| Individual, unusual or bizarre offence characteristics | Features of offending which cause heightened concern, e.g. sadism, terrorism. | Motivation for offending behaviour not easily explained, but no overt oddities. | Motivation clear and easily explained. |

The risk assessment document must evidence that:

- all relevant information been gathered and evaluated by the risk management team;
- the risk management team met to discuss the finalised risk assessment; and
- dates been set for formal reviews of the risk assessment.
**SUMMARY OF RISK ASSESSMENT**

**Date of Risk Assessment:**

<table>
<thead>
<tr>
<th>Summary of File Review – key points</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Analysis of Offending – key points</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brief Offence History</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Why</strong></td>
<td></td>
</tr>
<tr>
<td><strong>When</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe:</strong></td>
</tr>
<tr>
<td>➔ nature or the specific risks (e.g. sexual violence, violence, stalking, domestic violence, etc.);</td>
</tr>
<tr>
<td>➔ severity of the harm should it occur;</td>
</tr>
<tr>
<td>➔ victims;</td>
</tr>
<tr>
<td>➔ frequency;</td>
</tr>
<tr>
<td>➔ imminence;</td>
</tr>
<tr>
<td>➔ likelihood of serious harm;</td>
</tr>
<tr>
<td>➔ the relative relevance of risk factors to violent offending; relevant or critical; and</td>
</tr>
<tr>
<td>➔ interaction of those risks factors over time, and in different contexts and circumstances.</td>
</tr>
</tbody>
</table>
Document below the identified risk factors, early warning signs and protective factors, and enter the stated risk management objectives, as taken from the RAR. Consider the relationship of each factor to the perpetration of serious harm – is it relevant or critical?

Now complete the first three parts – identified risk and protective factors, early warning signs or behaviours to monitor and risk management objectives for each activity. Create new pages for each risk and protective factor, taking care to ensure that page numbering is consistent.

The remaining elements will be completed in response to sections 3 and 4.
### Part A OLR Risk Management Plan – Risk Factors

#### Section 2: Risk Assessment

<table>
<thead>
<tr>
<th>Identified Risk Factor:</th>
<th>Relevant or Critical</th>
<th>Early Warning Signs or Behaviours to Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Management Activity Objective</th>
<th>Priority</th>
<th>Preventive Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision:</td>
<td></td>
<td>Responsible Agencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weaknesses</td>
</tr>
<tr>
<td>Monitoring:</td>
<td></td>
<td>Responsible Agencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weaknesses</td>
</tr>
<tr>
<td>Intervention or Treatment:</td>
<td></td>
<td>Responsible Agencies</td>
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<tr>
<td></td>
<td></td>
<td>Weaknesses</td>
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<tr>
<td>Victim Safety Planning:</td>
<td></td>
<td>Responsible Agencies</td>
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<tr>
<td></td>
<td></td>
<td>Weaknesses</td>
</tr>
<tr>
<td>Contingency Measures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PART A OLR RISK MANAGEMENT PLAN – PROTECTIVE FACTORS

#### Section 2: Risk Assessment

<table>
<thead>
<tr>
<th>IDENTIFIED PROTECTIVE FACTOR:</th>
<th>Relevant or Critical</th>
<th>Early warning signs or behaviours to monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Management Activity</td>
<td>Strategies to promote and support</td>
<td></td>
</tr>
<tr>
<td>Supervision:</td>
<td>Responsible Agencies</td>
<td>Weaknesses</td>
</tr>
<tr>
<td>Monitoring:</td>
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<td>Weaknesses</td>
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<tr>
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</tr>
<tr>
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<td>Weaknesses</td>
</tr>
<tr>
<td>Contingency Measures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 3: MEASURES FOR MINIMISATION OF RISK

The following section of the plan will evidence regard to Standards and Guidelines Sections 3 and 4.

This section requires to evidence that the risk identified in the assessment and formulation is matched with appropriate measures designed to minimise that risk. Defensible decision making is supported by evidence that the planned measures match the identified risk in terms of intensity and focus.

This section seeks to enable the authors to demonstrate the rationale for those measures by making explicit the link between risk assessment, identified risk factors, risk management objectives and risk management activities.

The authors of the RMP are required in this section to evidence:

- explicit link between risk assessment, risk management objectives and risk management activities;
- adequate layering of activities to relevant and critical factors, what density of risk management activities is required to minimise the occurrence of serious harm. Consider the application of at least two to each relevant risk factor, and consider the application of all four to critical factors;
- appropriate overall intensity of intervention;
- appropriate balance of measures to impose external controls and bolster of internal controls;
- balance of restrictive and rehabilitative measures;
- appropriate focus; and
- attention to early warning signs, and behaviours to monitor.

Develop and demonstrate the above in the following or similar format.
SECTION 3A: CURRENT RISK STATUS

Consider the overall risk status of the offender in order to gauge the intensity and nature of risk management activity and the balance of those activities.

The team’s risk assessment may have focused on stable and static risk factors, some of which will endure and be less amenable to change. The table below is concerned with those areas that are more amenable to change and where progress may indicate a change in the balance of risk management activities, for example as self-risk management and response to treatment or interventions improve, a corresponding reduction in supervision or other restrictive activities may be indicated.

Teams may wish to consider the following indicators when determining the current risk status of the offender.

<table>
<thead>
<tr>
<th>Self-risk management ability</th>
<th>No insight or denies offending.</th>
<th>Minimises offending but some limited insight and wants to change.</th>
<th>Good insight. Learning early warning signs and strategies for managing own risk.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No motivation to change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lacking in self-control.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment or interventions</th>
<th>None undertaken.</th>
<th>Limited participation.</th>
<th>Engaging well in interventions/treatments and committed to intervention/treatment goals.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No engagement in process.</td>
<td>Refusing some interventions/treatments or poor performance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resistance.</td>
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</tr>
</tbody>
</table>

| Protective factors | No evidence of internal or external protective factors. | Some evidence of stability and making plans for the future that will protect self from future relapse. | Good relapse prevention planning with focus on practical activities needed to achieve this. |

SECTION 3B: RISK SCENARIO PLANNING

Based on the risk formulation above, develop plausible risk scenarios and detail the nature, severity, immminence, frequency or duration and likelihood of future serious violent or sexual offending in each. Apply to the most relevant contexts, that is current, and near future.
In the table below, summarise the key points of each scenario, paying particular attention to the nature of risk factors and the role they play in the occurrence of serious harm. Also identify early warning signs of imminent offending or deterioration and the specific behaviours or events that contribute to those early warning signs.

<table>
<thead>
<tr>
<th>Risk Scenario</th>
<th>Secure Care or Custody</th>
<th>Transition</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely or similar</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>More optimistic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More serious</td>
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</tr>
</tbody>
</table>

From the above scenarios, what activities are indicated to prevent the occurrence of the likely and more serious scenarios, and to promote the circumstances supporting the more optimistic scenario?

Now complete the Risk Management plan with regard to the priority of objectives, and the strategies to meet them. Each risk management objective should be allocated the number ‘1’, ‘2’, or ‘3’ (‘1’ denoting highest priority) under the “priority” column as outlined below:

- **Number “1”** should be allocated to those management objective(s) that are the subject of immediate intervention, for example, addressing alcohol misuse would be considered a high priority objective for an individual the offender who is to be released into the community, and for whom alcohol use constitutes a critical risk factor.

- **Number “2”** should be awarded to the management objective(s) that those objectives which are subject to intermediate intervention. This level of priority would apply, for example, in the case were treatment/intervention is not presently an option (e.g. clinical symptoms may negate the possibility of successful engagement in an intervention). The individual is allocated ‘2’ under the “intervention or treatment” section and monitored for change on an ongoing basis.

- **Number “3”** should be assigned to those management objectives that are currently deemed low priority at this particular point in time, for example, the individual who is serving a custodial sentence may not require intensive monitoring until he or she is released into the community. Similarly, a critical risk factor such as alcohol misuse may not be an issue for the duration of the custodial sentence, but may require immediate intervention when the offender returns to the community.
### PART A OLR RISK MANAGEMENT PLAN – RISK FACTORS

#### Section 3: Measures for Minimisation of Risk

<table>
<thead>
<tr>
<th>IDENTIFIED RISK FACTOR</th>
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<th>Early warning signs or behaviours to monitor</th>
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### PART A OLR RISK MANAGEMENT PLAN – PROTECTIVE FACTORS

**Section 3: Measures for Minimisation of Risk**

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<td></td>
</tr>
</tbody>
</table>
SECTION 4: CO-ORDINATION OF MEASURES

The following section of the plan will conform to Standards and Guidelines Section 4.

Continue the process by defining strategies associated with each risk management activity designed to meet the desired outcome and so promote the achievement of the objectives set at the outset. Strategies should include the appropriate balance of restriction and rehabilitation and should impose external controls while building internal controls. Apply adequate density of modes of delivery to protect against the weaknesses identified in particular strategies.

This section allows the Case Manager’s line manager and/or the Head of the risk management team to confirm that the identified measures are co-ordinated.

This section will evidence that for the proposed annual plan:

- risk factors and the objectives for risk management outlined in the risk assessment are linked to risk management activities;
- those factors have been considered as to whether they are relevant or critical in the occurrence of serious harm;
- risk management activities have been allocated proportionate to that designation of relevant or critical;
- multiple risk management strategies have been applied to promote the desired outcomes;
- risk management strategies are to appropriate personnel with agreed action and reporting frequency; and
- identified weaknesses in strategies have been entered.

Now complete the remaining sections of the RMP. The Case Manager and Head of the risk management team must endorse each page.
### IDENTIFIED RISK FACTOR

<table>
<thead>
<tr>
<th>Relevant or Critical</th>
<th>Early warning signs or Behaviours to monitor</th>
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<tbody>
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</table>

<table>
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<th>Risk Management Activity Objective</th>
<th>Priority</th>
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<tr>
<td>Victim Safety Planning:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contingency Measures</th>
</tr>
</thead>
</table>

Case Manager: ................................................................. date .............................................

Head of OLR risk management team: ........................................ date .............................................
## PART A OLR RISK MANAGEMENT PLAN – PROTECTIVE FACTORS

### Section 4: Coordination of Measures

**IDENTIFIED PROTECTIVE FACTOR:**

<table>
<thead>
<tr>
<th>Relevant or Critical</th>
<th>Early warning signs or Behaviours to monitor</th>
<th>Risk Management Activity</th>
<th>Strategies to promote and support</th>
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</thead>
<tbody>
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</tr>
<tr>
<td></td>
<td></td>
<td>Contingency Measures</td>
<td></td>
</tr>
</tbody>
</table>

Case Manager: ................................................................. date: ..............................................

Head of OLR risk management team: ........................................ date: ..............................................
### ACCOMMODATION

In the space below outline the offender’s accommodation arrangements for the year of the plan:

<table>
<thead>
<tr>
<th>ACCOMMODATION DETAILS</th>
<th>ARRANGEMENTS</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the offender accommodated? (include details: address, ward or hall how many other patients or prisoners reside in this room, ward or hall) In community provide below full documentation of the assessment of accommodation.</td>
<td>What special arrangements are in place? (CCTV, close to Hall Staff, own room, etc.)</td>
<td>Why has the offender been accommodated in this particular premises room, ward, hall, etc.?</td>
</tr>
</tbody>
</table>

Attach documented considerations of risk regarding accommodation and community management to the RMP.

Case Manager ................................................................. date .............................................

Head of OLR risk management team ................................................. date .............................................
## REVIEW OF ANNUAL PLAN

### Measures of Change

Consider factors that the risk management team would consider as evidence of positive or negative progress for the offender for the duration of this year’s plan.

<table>
<thead>
<tr>
<th>POSITIVE</th>
<th>Achieved</th>
<th>NEGATIVE</th>
<th>Occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sign of positive change</td>
<td>• relapse or negative sign</td>
<td>• relapse or negative sign</td>
<td>• relapse or negative sign</td>
</tr>
<tr>
<td>• sign of positive change</td>
<td>• relapse or negative sign</td>
<td>• relapse or negative sign</td>
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<td>• sign of positive change</td>
<td>• relapse or negative sign</td>
<td>• relapse or negative sign</td>
<td>• relapse or negative sign</td>
</tr>
</tbody>
</table>
CONFIRMATION OF COLLABORATION

- the risk management team has multi-agency and multi-discipline representation;
- a risk management team has been formed with members from agencies and professions relevant to the offender;
- commitment has been secured by the agencies who have agreed to have a representative act as a member of the risk management team;
- risk management team members have been provided a copy of the RMP and have no disagreement with its content and requirements; and
- the provision of other services required by the RMP has been secured with appropriate agencies.

The Case Manager appointed by the Lead Authority is ..........................................................

In the absence of the Case Manager, ................................................................., who is also a member of the risk management team, will act in this position.

Case Manager:

Signed ............................... Date ......................................................

Head of risk management team:

Signed ............................... Date ......................................................
ORDER FOR LIFELONG RESTRICTION

RISK MANAGEMENT PLAN

Part B

for (name of offender)

Date of Risk Assessment Order:
Date of Order for Lifelong Restriction:

Risk Management Plan for the Period

from (start date): to (end date):

OFFENDER DETAILS

<table>
<thead>
<tr>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Current Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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LEAD AUTHORITY DETAILS

<table>
<thead>
<tr>
<th>Lead Authority</th>
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<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Case Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Identified Risk Factors and Signature Risk Issues

(from scenario planning and risk factors)

<table>
<thead>
<tr>
<th>Identified Risk Factors and Signature Risk Issues</th>
<th>PREVENTIVE Strategies</th>
<th>Early warning signs or Behaviours to monitor</th>
<th>CONTINGENCY Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td></td>
<td>Strategy or Agreed Action</td>
<td></td>
</tr>
<tr>
<td>Staff Responsible</td>
<td></td>
<td>Staff responsible</td>
<td>Urgency</td>
</tr>
<tr>
<td>SMART Goal</td>
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<td>Who to contact i.e. name</td>
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| Strategy                                           |                        | Strategy or Agreed Action                   |                      |
| Staff Responsible                                  |                        | Staff responsible                           | Urgency              |
| SMART Goal                                        |                        | Who to contact i.e. name                    | Contact details      |
|                                                   |                        |                                             | e.g. telephone number |
### Identified Protective Factors

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<tr>
<th>Identified Protective Factors</th>
<th>Strategies to promote and support</th>
<th>Early warning signs of weakening or breakdown</th>
<th>CONTINGENCY Measures</th>
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<td>Strategy</td>
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OVERVIEW OF OFFENDER SCHEDULE OF CONTACT (MONTHLY)

(as appropriate to custodial, secure and community settings)

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Attach sample of first month’s overview of all contact with offender.
CONFIRMATION OF COLLABORATION

- the risk management team has multi-agency and multi-discipline representation;
- a risk management team has been formed with members from agencies and professions relevant to the offender;
- commitment has been secured by the agencies who have agreed to have a representative act as a member of the risk management team;
- risk management team members have been provided a copy of the RMP and have no disagreement with its content and requirements; and
- the provision of other services required by the RMP has been secured with appropriate agencies.

The Case Manager appointed by the Lead Authority is .................................................................

In the absence of the Case Manager, ................................................................., who is also a member of the risk management team, will act in this position.

Case Manager:

Signed __________________________ Date __________________________

Head of risk management team:

Signed __________________________ Date __________________________
### RISK MANAGEMENT TEAM CONTACT DETAILS

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<thead>
<tr>
<th>Case Manager</th>
<th>Name</th>
<th>Organisation / Position</th>
<th>Business Telephone</th>
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<th>Head of risk management team</th>
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N.B. – this page is an appendix to the RMP and as it holds information which may be sensitive, it should not be provided to the offender.
## CONTACT DETAILS OF OTHERS INVOLVED IN RISK MANAGEMENT

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<thead>
<tr>
<th>Name</th>
<th>Organisation / Position</th>
<th>Business Telephone</th>
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RISK MANAGEMENT PLAN – RMA SUBMISSION AND APPROVAL PROCESS

INTRODUCTION

Offenders subject to an OLR are required by legislation to have a RMP drawn up for them, by the Lead Authority, outlining the planning and implementation of their risk management for the planning period (usually one year).

Lead Authorities are required to produce these RMPs, in accordance with the Standards and Guidelines held in the sections above and submit it to the RMA for approval.

They must also use submit the RMP in the form prescribed by the RMA. Part 2 of this document specifies the form of RMPs, and details the content that will be necessary for approval. This document provides but does not dictate the precise format in which the necessary content is provided. Lead Authorities may have well functioning case management systems that facilitate the provision of such content, and it is acceptable to incorporate reports from such systems that provide the necessary content.

Order for Lifelong Restriction (OLR)

The OLR is a sentence that is available to the High Court. It provides for the lifelong management of high risk violent and sexual offenders. Such offenders will be subject to an RMA approved RMP both in custody and in the community, for the rest of their lives.

The role of the Risk Management Authority (RMA)

The RMA is tasked, under section 5 to 10 of the Criminal Justice (Scotland) Act (‘2003 Act’) to:

- specify and publish the form of the RMP;
- prepare and issues Standards and Guidelines for Risk Management;
- receive submissions of plans for approval from Lead Authorities;
- review and evaluate the plans against the criteria below (see criteria below upon which the RMA can reject a plan);
- approve or reject plans;
- issue guidance as to the preparation, implementation or review of any RMP; and
- give directions (where required) regarding the RMP.

The RMA can reject an RMP if that RMP:

- is not submitted in the specified form;
- does not set out an assessment of risk;
- does not set out the measure to be taken for the minimisation or risk or how such measures are to be coordinated; and
- disregards any standard, guideline or guidance the RMA has provided.
If the RMA rejects a revised RMP and considers the timeframe for the approval of a plan will not be met, the RMA can give directions as to the preparation of the RMP (see section below: “Timeframes for Submission of RMPs”). The Lead Authority can appeal to the Sheriff on the grounds that RMA directions are unreasonable.

Role of the Lead Authority

Section 7 of the 2003 Act details who will take the role of Lead Authority in relation to particular offenders, with the responsibility for the preparation of the RMP. The Lead Authority is:

- Scottish Prison Service (on behalf of the Scottish Ministers) whilst the offender is in custody;
- managers of Hospitals and secure care settings (whilst the offender resides at such a place); and
- the Local Authority whilst the offender resides in the community.

The Lead Authority must inform the RMA immediately when they become responsible for an offender who is subject to an OLR. This will allow the RMA to put in place the support processes for the Lead Authority to assist them in meeting the requirements as set out in the legislation, the RMA Standards and Guidelines, and submission/approval process.

Significant Change

At any time where there is, or is likely to be, a significant change, during the life of the plan, the Lead Authority must review the plan and inform the RMA immediately that such a review is being undertaken and thereafter submit an amended version of the plan to the RMA for approval within a timeframe specified by the RMA.

A significant change will include:

- transfers (between one prison/secure setting and another, between prison and community, and potentially back to prison from the community);
- a change in the offender’s address when in the community;
- a change in the offender’s supervision levels/intensity of risk management strategies (see decreased supervision heading – Risk Management Strategies Section – guidelines);
- significant changes in risk; and
- at any other point where the Lead Authority determines that the risk assessment or the RMP which stems from it, has changed significantly.

Timeframes for Submission of RMPs

First Plan

This is where a Lead Authority is submitting the first plan with regard to an offender recently made subject to an OLR. The plan must be submitted to the RMA no later than seven months after an OLR is made.

This allows a two month period for the approval process to be carried out. The approval process includes the RMA reviewing the RMP and if necessary rejecting the RMP and receiving a revised RMP from the Lead Authority, before final approval is granted by the RMA within the statutory timescale.

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50 In terms of section 8(1) of the 2003 Act, the RMP must be completed (including approval from the RMA) no later than nine months after the offender is sentenced.
**Annual Plan**

This is where a Lead Authority is submitting an annual plan for an offender subject to an OLR, where the offender is residing at the same setting as was the case for the most recent, previously approved plan – i.e. where the offender has not been transferred.

The plan proposed for the next planning period must be submitted to the Risk Management Authority no later than ten months from the date on which the previous year’s plan was approved.

Again, this allows for a two month period for the approval process before the new approved plan is required to be implemented.

The current approved plan will still be in operation until the new plan comes into force (i.e. for the last two months [months ten to twelve] of the planning year the previous RMP will continue to be in force).

**Significantly Changed Plan (not transfer)**

This is where a Lead Authority is submitting a new plan, during the planning year already subject to an approved plan, because a significant change has or is likely to occur.

Where the change is yet to occur (the Lead Authority has or is able to have advance knowledge of the change), the Lead Authority should submit the new plan, allowing wherever possible the normal two month period for a plan to be approved, prior to the change occurring.

Where the change has already occurred (the Lead Authority did not / could not have advance knowledge of the change – such as a change in the offender’s risk), the Lead Authority should inform the RMA in writing that the change has occurred and should provide the RMA with a new plan as soon as possible (and at the very latest one month after the change).

The plan will have provisional status for the period it is in use prior to receiving RMA approval. Provisional status therefore could potentially be up to 3 months (1 month for the Lead Authority to submit it to the RMA and the standard 2 months for the RMA to approve or reject it).

**Significantly Changed Plan (transfer)**

This is where a Lead Authority is submitting a new plan to the RMA for approval, prior to the consideration of an offender for transfer. Any case transfer will require an amended plan being submitted to the Risk Management Authority for approval.

Where a transfer is being considered, the incumbent and the intended Lead Authority should jointly prepare a proposed Risk Management Plan. Such a plan will outline the offender’s risk management plan in the new environment, should the transfer go ahead (see case transfer heading in Responding to Change Section of the Guidelines). In the case of these transfer types:

- Prison or Secure Care to the Community;
- Prison to Prison/Secure Setting to Secure Setting/Between a Prison and Secure Setting; and
- Community location to Community location, the following process should be followed.
The Lead Authority must submit the proposed plan to the RMA no later than two months prior to the scheduled date for consideration of the transfer by the Parole Board for Scotland or other body charged with deciding on the matter. The Parole Board for Scotland (or other body) should have an RMA approved RMP as a context in which to consider the offender’s risk management in the proposed new environment.

The original plan, approved by the RMA for the planning period will be in force, up until the time of transfer and where the transfer does not go ahead. Where the transfer is:

- Community to Prison/Secure Care setting the following will apply.

Where the plan is being submitted to the RMA, regarding an offender subject to an OLR who has been returned from the community to prison or secure care (via recall or new offence), the Lead Authority must do so, no later than seven months of recall.

**Updating the RMA’s records of the approved plan**

The Lead Authority should provide the RMA with up to date versions of the plan, even where relatively minor changes have occurred, so that the RMA and the Lead Authority are both working from the same document/information when referring to “the RMP”.

If the RMA receives an updated version of the plan, which it regards as showing evidence that a significant change has occurred, it will:

- inform the Lead Authority that the RMA considers that there has been a significant change;
- ask for more information (where necessary); and
- review the amended plan against the evaluation criteria with a view to approving/rejecting it.

**RMP implementation annual report**

The Lead Authority must report to the RMA annually with regard to implementation of the approved plan. This can be done at the same point as the plan for the next planning period is submitted for approval.

**Support available from the RMA**

In order to support Lead Authorities in this process, the RMA aims to offer guidance in a consultative manner. The RMA will normally assign a named member of the RMA team to work with the Lead Authority and be a first point of contact for enquiries. In the same way, the RMA will use the Case Manager as their point of contact for any queries or correspondence regarding the plan.

Where information additional to the Standards and Guidelines, or regarding a specific risk management plan is required, RMA staff are available to offer guidance prior to the submission of the RMP, during the approval process, and throughout the duration of the implementation and review of the RMP.

Our overall aim is to offer information, support and guidance in order to facilitate the Lead Authority in submitting an appropriate RMP.
GLOSSARY OF TERMS
GLOSSARY OF TERMS

Each of these terms is described in the context of risk management planning for offenders who are subject to an Order of Lifelong Restriction.

**Acute dynamic risk factor** See Risk factor.

**Analysis of offending** See Summary of risk, risk assessment.

**Behaviours to monitor** See Early warning signs.

**Case Manager**
Case Manager is a pivotal role in the risk management of offenders who are subject to Orders for Lifelong Restriction. Lead authorities should give close consideration to the level of authority and competencies that the person charged with this role must have in order to successfully undertake it. They should:
- have excellent communication and organisational skills;
- be experienced in managing violent and sexual offenders risk offenders;
- have sound knowledge, skills and training in offender risk assessment; and
- be empowered to make decisions regarding the case in the context of the RMP and accountability to the risk management team.

**Cognitive behavioural therapy**
Cognitive behavioural therapies and interventions involve a comprehensive, structured approach based on social learning theory using cognitive restructuring methods and behavioural techniques. Behavioural methods are primarily directed at increasing pro-social skills. The cognitive behavioural approach employs peer groups and educational classes, and uses a variety of counselling theories.

**Collaborative working**
This concept is set out in Standard 1 of these standards and guidelines. It includes multi-agency and multi-disciplinary working, offender engagement and victim focus.

**Contingency actions or measures**
The contingency action section of the OLR Risk Management Plan will set out planned responses to:
- the appearance of early warning signs;
- the weakening or breakdown of protective factors; and
- the weakening or breakdown of the risk management strategies set out in the preventive action section.

It will (along with the preventive action plan) be designed to both minimise critical risk factors and maximise protective factors in order to prevent harmful outcomes.
Co-ordination
The co-ordination of the RMP requires that clear, agreed and communicated lines of accountability and responsibility and timeframes for delivery are established.

See collaborative working, timeframes for delivery.

Criminogenic need principle See need principle.

Defensible decision
An action or decision is deemed defensible if an objective group of professionals would consider that:

- all reasonable steps have been taken;
- reliable assessment methods have been used;
- information has been collected and thoroughly evaluated;
- decisions are recorded, communicated and followed through;
- policies and procedures have been followed; and
- practitioners and their managers adopt an investigative approach and are proactive.

Dynamic risk factor See risk factor.

Early warning signs
Early warning signs are those noticeable behaviours, events and other indicators that provide the risk management team and others who come into contact with the offender with an indication that offending may be imminent. These can be utilised as an opportunity to intervene in an effort to prevent the deterioration or take other action to protect victims.

External controls
External controls may take the form of restrictions that limit for example activities, movement, and associations. Some will be conditions of a Licence or Order; others will be in the form of a direction from a supervising officer. See also Internal controls

File review See Summary of risk.

Good Lives Model of Offender Rehabilitation
The core idea in this approach is that individuals are naturally goal-seeking beings. Where offenders are concerned, criminal behaviour relates not to the goods that the offender seeks, but to the way in which he or she seeks them.

Head of the Risk Management Team
The Head of the risk management team provides the strategic overview for the Lead Authority in managing offenders who are subject to Orders for Lifelong Restriction.
High Court of Justiciary

The High Court of Justiciary is Scotland’s supreme criminal court. It has jurisdiction over the whole of Scotland and over all crimes, unless its jurisdiction is excluded by statute. In practice the High Court, when sitting as a court of first instance, deals with the most serious crimes such as murder, rape, culpable homicide, armed robbery, drug trafficking and serious sexual offences, particularly those involving children. Cases are presided over by a single Judge and tried by a jury of 15 men and women.

Internal controls

Internal controls are enhanced through the delivery of treatment programmes and interventions such as cognitive behavioural programmes, skills training, anger management programmes, sex offender programmes, relapse prevention approaches and substance misuse counselling. See also external controls.

Intervention

In the context of the OLR risk management plan this is a risk management activity. Effective interventions may involve a combination of group, individual and family work. The appropriateness of each will be determined by the factors which are identified as being related to the offending, the offender’s circumstances, and the objectives of the risk management plan.

Lead Authority

The lead authority has responsibility for the risk management of the offender who is subject to an OLR. The Lead Authority is the appropriate Local Authority when the offender is in the community, the Scottish Ministers when they are in custody and Hospital Managers when they are in secure care.

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are under development in Scotland at the time of writing.

Monitoring

In the context of the OLR risk management plan this is a risk management activity.

There is overlap between supervision and monitoring. A supervision task will always be to monitor the level of compliance and progress with the various risk management strategies. Monitoring may well in some contexts involve a degree of engagement and rapport. This requires clarity of roles and responsibilities.

Monitoring activities vary according to the role and agency that a member of the OLR risk management team represents. A primary responsibility for monitoring in the community lies with the police, although responsibility for monitoring lies with all agencies at all levels who work with the offender. Monitoring is not just about making sure a person is where he or she should be but about looking out for behavioural change (for better or worse). Monitoring with a positive result can be a sign that an offender’s risk is decreasing; for example, he manages interactions with staff differently.

Multi-agency

This is a type of collaborative working as set out in Standard 1 of these Standards and Guidelines. Multi-agency work involves personnel from the prison service, the police service, criminal justice social work, health services including forensic services, voluntary organisations, and housing organisations working together in the offender’s risk management. This is essential to ensure that the full range of required services is available.
**Multi-disciplinary**

This is a type of collaborative working as set out in Standard 1 of these Standards and Guidelines. Multi-disciplinary work involves personnel from differing disciplines and professional backgrounds working together to design and implement a risk management plan. Multi-disciplinary working ensures that the management of the offender is planned and delivered in line with the best current thinking, from multiple fields of study and practice.

**Need principle or criminogenic need principle**

Need Principle stipulates that intervention should focus systematically on the needs and problems linked with offending.

See also risk principle, responsivity.

**Offender engagement**

This is a type of collaborative working as set out in Standard 1 of these Standards and Guidelines. All agencies involved in the risk management of the offender will use their best endeavours to engage the offender in the process of risk management at all stages.

The conditions and requirements of the RMP must be clearly explained to the offender at all relevant stages of the plan, in a manner appropriate to the offender’s level of understanding.

The conditions and requirements of the plan must be outlined in a written agreement between the Lead Authority and the offender.

**Order for Lifelong Restriction**

The OLR is a new sentence that has been available to the High Court since June 2006. It was introduced by section 1 of the Criminal Justice (Scotland) Act 2003 which inserted a new section 210F into the Criminal Procedure (Scotland) Act 1995. It provides for the lifelong management of high-risk violent and sexual offenders. Such offenders will be subject to an RMA approved Risk Management Plan (RMP) both in custody (or detained in secure care in the case of those managed within the mental health system) and in the community for the rest of their life. The period spent in the community will be an integral part of the sentence given by the Court. Before release (or discharge), offenders will have served an adequate period in prison (or secure hospital) and have satisfied the Parole Board for Scotland that the risk he or she would pose in the community is acceptable.

**Parole Board for Scotland**

The Parole Board for Scotland endeavours to ensure that those prisoners who are no longer regarded as presenting a risk to the public safety during a period of parole may serve the remainder of their sentence in the community under the supervision of a social worker. In OLR cases, the Parole Board for Scotland will determine whether the offender can progress to management in the community.

**Preventive actions or strategies**

The preventive action section of the Risk Management Plan will set out risk management strategies to:

- address the identified risk factors; and
- support and enhance protective factors.
It will (along with the contingency action plan) be designed to both minimise critical risk factors and maximise protective factors in order to prevent harmful outcomes.

**Prioritisation**

Prioritisation of risk management strategies in the context of the OLR means giving attention to a variety of factors, each factor requiring to be balanced at any point in time according to the:

- Critical or relevant nature of each factor;
- Current context:
  - Times of planned change;
  - Times of unplanned change.
- Conditions of licence;
- Readiness to change and engagement.

**Proportionality**

Proportionality is a fundamental principle that ought to underpin the planning process. The degree of intervention, whether in the form of supervision, interventions, monitoring or victim safety planning, should be proportionate to the degree of risk posed.

**Protective factor**

Protective factors are aspects of an individual’s personal, inter-personal and environmental context that diminish or inhibit the occurrence of further offending. They should not be confused with the absence of a risk factor.

- Critical;
- Relevant.

**Responsivity**

Responsivity Principle: stresses the importance of matching the treatment or intervention modality to the characteristics of the offenders. Generally, cognitive behavioural and social learning approaches have been found to be more effective. More specifically, the most effective interventions or treatment programmes are those that are tailored to an offender’s learning abilities and styles, motivation to change, personality type and level of interpersonal and communication skills.

See also Need principle, Risk principle.

**Risk**

Risk in the context of the OLR is considered first with regard to the risk criteria.

Risk assessment in this context is examining the capacity of an individual to inflict serious harm. That is, there is a risk of harmful behaviour which is life threatening and/or traumatic and from which the victim’s recovery, whether physical or psychological, can be expected to be difficult or impossible.
Risk in the context of the OLR risk management plan will be not expressed as ‘high’ ‘medium’ or ‘low’ but as a consideration of: Likelihood; Nature; Severity; Imminence; and Frequency, in the relevant context and taking full account of protective factors.

Risk assessment
The foundation of risk management planning is risk assessment. Risk assessment informs management planning, which in turn informs subsequent assessment and planning in a live and dynamic process that continues through the lifetime of the offender.

Risk assessment will demonstrate:
- a thorough review of the information;
- the use of RMA-approved risk assessment tools, appropriate to the case in hand to assist in;
- the application of structured professional judgement to help identify relevant and critical risk and protective factors and to provide a framework for;
- a formulation of risk that includes the nature, severity, imminence, frequency and likelihood of reoffending; and
- an examination of a number of possible future scenarios that risk management plans will seek to avert.

Risk Assessment Order
After conviction, if a Judge considers at his own instance, or on the motion of the prosecutor, that an offender may meet the risk criteria, the Judge may make a Risk Assessment Order (RAO).

The High Court will then appoint an RMA accredited risk assessor to carry out a risk assessment and report back to the Court with a Risk Assessment Report (RAR). The RAR will assist the judge in making the decision to impose an OLR or otherwise. The legislation does not allow for the offender to object to the making of an RAO. However, the offender may challenge the resultant risk assessment report and may also commission a separate risk assessment.

In relation to mentally disordered offenders, there is an alternative to the RAO. If the Court considers that a mentally disordered offender may meet the risk criteria, it makes an Interim Compulsion Order (ICO), and commissions a RMA accredited assessor to compile a risk assessment report.

Risk assessment tools
Risk assessment tools are intended to guide, support and assist practitioners robust risk assessment and should be used accordingly. A range of RMA evaluated tools can be found in the RMA document Risk Assessment Tools Evaluation Directory (RATED). It should be noted that an actuarial tool based solely on static risk factors should never be relied upon in itself for decisions about an individual’s risk.

Risk Criteria
The nature of, or the circumstances of the commission of, the offence of which the convicted person has been found guilty either in themselves or as part of a pattern of behaviour are such as to demonstrate that there is a likelihood that he, if at liberty, will seriously endanger the lives, or physical or psychological well-being, of members of the public at large.
Risk factor

Risk factors are aspects of the offender’s personal, inter-personal and environmental context that cause, contribute or increase the likelihood of the person re-offending.

- Static risk factors

Static risk factors are those elements of an individual’s past behaviour and its consequences that are historical and factual. In this context then, we are considering those individuals who have an established pattern of behaviour that has in the past resulted in serious harm to others.

- Stable dynamic risk factors

Stable dynamic risk factors refer to those areas of an individual’s circumstances that are enduring over a period of time and contribute to the risk of further offending, over months or years, but are amenable to change and, if changed, may be expected to reduce the likelihood or seriousness of further offending.

- Acute dynamic risk factors

Acute dynamic risk factors are those that change quickly, perhaps over days or hours, and whose emergence indicates a period of critical risk in which serious offending is more likely than not to occur.

Risk formulation

Risk formulation is a working model or explanation of an individual’s risk in key areas based on what are believed to be the most relevant risk and protective factors for the behaviours to be prevented in the future. It also importantly considers the interaction of those risk and protective factors to explain the risk of an individual.

Risk Management Objective

These are the short and medium term expected gains from undertaking a risk management strategy.

Risk Management Activity

These are types of risk management strategy including:

- Supervision, Monitoring, Intervention/treatment, Victim safety planning.

Risk Management Plan

The OLR risk management plan is developed by the Lead Authority with regard to these Standards and Guidelines and in the form that the RMA prescribes. Violent and sexual offending are complex phenomena and so require individualised responses that are dynamic and derived from multi-faceted risk assessment. In turn this requires multi-layered and multi-modal risk management plans delivered through multi-agency and multi-disciplinary collaboration.

- Revised RMP

A revised RMP will be sent to the RMA by the lead authority if the original plan does not gain approval.

- Amended RMP

An amended RMP will be sent to the RMA by the lead authority when there has been a significant change in the offender’s circumstances.
**Risk Management Strategies**
These are defences to minimise the likelihood or impact of further serious offending.

**Risk Management Team**
The risk management team in the context of the OLR is a multi-disciplinary group of professionals representing a range of agencies involved in the management of the offender. The Lead Authority will invite relevant agencies to appoint a representative from their agency to become part of the OLR risk management team, in addition to relevant members of their own staff. This team will be formed around the specific risk and needs of the subject of the OLR.

**Risk Principle**
Risk Principle: the level of intervention should be guided by the offender’s level of risk.

See also Need principle, Responsivity.

**RMA Accredited Risk Assessor**
Persons accredited by the RMA to undertake risk assessments under a RAO or ICO.

**Scenario planning**
Scenario planning is a technique that is used in a variety of settings to assist planning and preparation for future events. The consideration of plausible future scenarios allows for proactive action to achieve a desired outcome and contingency action if the undesirable outcome becomes imminent.

A similar scenario (similar to the current or most recent acts). We know the nature and seriousness of previous offending.

A more optimistic outcome in which the violence decreases and the person commits a less serious act.

A more serious scenario, in which the violence increases and the offender commits a more serious or possibly life-threatening act of violence.

**Stable dynamic risk factors**
See Risk factor.

**Static risk factor**
See Risk factor.

**Summary of risk**
This forms part of the RMP and it includes:
- File review;
- Analysis of offending; and
- Risk formulation.
**Supervision**

In the context of the RMP this is a ‘risk management activity’.

Literature on risk management practice often defines the goal of supervision as being the reduction of likelihood that an individual will re-offend through the restriction of liberty. In Scotland, a broader understanding of supervision is predominant; therefore, for the purposes of this document, the supervision process has a dual focus of promoting rehabilitation and reducing harm, through restricting liberty as necessary, and engaging an offender in the process of change.

**Treatment programme**

See Intervention.

**Victim focus**

This is a type of collaborative working as set out in Standard 1 of these Standards and Guidelines. A commitment to the protection of victims and the community guides risk management practice at all levels and at all stages of the process. Risk management teams will include agents who specifically represent the interests and well being of victims.

**Victim safety planning**

In the context of the RMP this is a ‘risk management activity’. The processes of assessing and managing risk in the community should focus on increasing the safety and protection of victims, children and others. The core aims of victim safety planning is to reduce the likelihood of future harm, including the effects of further violence, serious injury and homicide on known adult and child victims and potential future victims. Where possible, a structured victim safety plan should be devised in conjunction with the other risk management strategies.
This document is also available on the Risk Management Authority website:
www.RMAscotland.gov.uk

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